REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1965.

Presented to the States on 29th June, 1966, by Deputy K. A. Baal of St. Helier, Vice-President of the Public Health Committee.

STATES OF JERSEY

BIGWOODS PRINTERS LIMITED, STATES' PRINTERS.

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THE VICE-PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly the Report of the Medical Officer of Health for the year ended 31st December, 1965.

THE STATES ordered that the said Report be printed and that copies thereof be distributed to the Members of the Assembly.

A. D. Le BROCQ,
Greffier of the States.

PUBLIC HEALTH COMMITTEE 1965

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Deputy Mrs. G. C. Huelin.

Vice-President

Deputy K. A. Baal.

Members

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Deputy L. V. Bailhache,
Deputy M. L. Thomas,
Deputy W. J. Tomes.

SENIOR DEPARTMENTAL STAFF.

Medical Officer of Health *Principal School Medical Officer*	W. Williams, B.Sc., M.B., B.Ch., D.T.M. & H., D.P.H.
Deputy Medical Officer of Health *School Medical Officer*	M. Murphy, M.R.C.S., L.R.C.P., D.P.H. (Until 8th September, 1965). J. M. Joshua, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (From 8th December, 1965).
Chief Sanitary Inspector	R. F. Knowles, Cert.R.S.I. & S.I.B.
Deputy Chief Sanitary Inspector	R. B. Skinner, Cert.R.S.I. & S.I.B.
Sanitary Inspectors	R. Bridge, Cert.R.S.I. & S.I.B. E. G. Carter, Cert.R.S.I. & S.I.B. T. P. Beresford, Cert.R.S.I. & S.I.B. R. L. Robbins, Cert.R.S.I. & S.I.B. (From 1st March, 1965).
Chief School Dental Officer	I. J. Campbell, B.D.S.
Dental Officers	L. G. Moseley, L.D.S., R.C.S. Mrs. G. A. Rampton, L.D.S. (Until 30th November, 1965).
Chief Clerk	L. J. Simon.
Speech Therapist	Miss A. E. Lowry, L.C.S.T.
Social Welfare Officer	Mrs. M. Gray.
Crematorium Superintendent	T. C. Hamon.
**Radiographer M.M.R.*	Mrs. L. Dupré.

*Part-time only.

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REPORT.

To The President and Members of the
Public Health Committee.

It is my pleasure to submit a Report on the state of the public health in Jersey during 1965.

This Report, as in previous years, is a record of the workings of those departments which come under the direct control of the Medical Officer of Health ; this year it also mentions in more detail the very valuable work undertaken on behalf of your Committee by various voluntary associations.

There are certain matters which you may find of interest and to which I would like to draw your attention.

The general health of the community.

This remained good throughout the year with no unusual or unexpected outbreaks of disease and we were again fortunate to go through a record breaking tourist season without any epidemiological incidents.

It is difficult to present in a concise yet simple manner a picture of the healthiness of a community. Normally we attempt to do this through the media of comparative vital statistics, but these figures, more often than not, prove both confusing and uninteresting to the majority of readers.

One form of " indicator " which shows clearly the improvement in the health of a community is by the comparison over a period of time of the percentage of the total deaths which occurred at various ages.

This health indicator when applied to Jersey over the past 50 years shows at a glance the changing mortality pattern ; and this can be loosely interpreted as improved healthiness of the people of this Island.

Years (3 year average)	Percentage of the Total Deaths which occurred in persons below 45 years of age
1912—14	35
1922—24	26
1932—34	24
1942—44	16
1952—54	9
1962—64	8

In other words, 50 years ago 1 out of every 3 persons who died was below the age of 45 years : to-day only 1 out of every 12 who die is below that age.

The mortality percentages of other age groups makes even more informative and interesting reading :—

Years (3 year average)	Percentage of Total Deaths occurring in persons :—				
	(A) Under 1 year	(B) 1—24 years	(C) 25—44 years	(D) 45—64 years	(E) 65 years & over
1912—14	13	11	11	22	43
1922—24	9	8	9	26	48
1932—34	7	7	10	23	53
1942—44	4	5	7	21	63
1952—54	3	2	4	21	70
1962—64	3	1	4	22	70

Column (A) shows that 50 years ago 13% of all deaths occurred in babies under 1 year old. This figure has shown a steady decline to our present figure of 3%. The improvement is the result of the advances which have been made in our maternity and child care services over the past 50 years, but we have no reason for satisfaction with a situation wherein deaths of infants still amount to 3% of the total deaths.

Column (B) with its dramatic fall from 11% to 1% shows the success which has been achieved in the control and treatment of the acute infectious diseases of the young, notably Diphtheria, Scarlet Fever, Meningitis, etc.

Column (C) with its marked improvement, confined to the past 20 years only, probably shows the effect that antibiotic drugs have achieved in the cure of such diseases as Tuberculosis, Pneumonia, etc.

Column (D) shows no change over the past 50 years and the high level is most likely due to the increasing incidence of such diseases as Coronary Thrombosis and Cancer of the Lung, which together account for over one-third of all deaths in the 45–64 age group.

Column (E) reflects the improvements shown in columns (A), (B) and (C) and shows that nearly three quarters of our deaths now occur in those over retiring age—a vastly different picture to that of 50 years ago.

VITAL STATISTICS.

BIRTHS.

The birth rate in 1965 fell for the second successive year, which suggests that the upward trend which began in 1956 has stopped and that we may be commencing a swing away from the peak of 1963.

The number of illegitimate births again showed a slight increase and they now amount to over 10% of all births.

DEATHS.

The death certificate in current use in Jersey does not show the permanent address of the deceased with the result that previous to 1965 we have been unable to know with any degree of certainty the number of persons who died when visiting Jersey. In 1965, with permission of the État Civil Committee and the co-operation of the Registrars of the various parishes, we were able to introduce a simple form which accompanied the death certificate and which provided us with the details we required. As a result of these measures we are now able to know that in 1965 60 visitors died when in Jersey.

The standardised death rate of 11.4 per 1,000 was slightly up on 1964, but the infant mortality rate of 16.5 per 1,000 live births was the lowest ever recorded in this Island.

THE CANCERS.

The number of deaths from cancer each year on this Island has not changed very much over the past decade.

Cancer of the lung, which has doubled in the past 10 years, is now the most common form of cancer in Jersey and it is responsible for 33% of all deaths from cancer.

In the female, cancer of the breast is the most lethal form of cancer causing seven times as many deaths as cancer of the cervix.

In its early stages cancer can be cured and early detection offers the best chance of success. The two most important forms of female cancer—breast cancer and cancer of the cervix—are easily detectable; the first by self-examination and the second by microscopic examination of smears taken by a doctor. Examinations of this kind are already being arranged by some of the doctors practising in Jersey. It may, however, be necessary to augment these services by opening " cervical smear " clinics.

SMOKING—THE ANNUAL WARNING.

59 residents of Jersey (47 men and 12 women) died from lung cancer in 1965. This is a 50% increase over our previous highest-ever figure of 40 deaths in 1964.

For the past 8 years each Annual Report of this Department has contained a warning about the dangers of cigarette smoking and I make no apologies for harping on the subject again this year.

In 1957, when the association between cigarette smoking and lung cancer was first brought to the attention of the public of this Island by the Medical Officer of Health in his Annual Report for that year, there were 30 deaths from that disease : 8 years (and 7 annual warnings) later the number of deaths has risen to 59—nearly double.

History provides several well-known examples where the causes of cancer, when they became known, were removed from the environment and the cancers thus eliminated or very much reduced. Such cancers as mule-spinners cancer; chimney sweeps' cancer; clay pipe cancer, and luminous dial painters' cancer are seen no more because the causes of those cancers have been removed.

Our most serious form of cancer to-day on this Island is cancer of the lung and we know that smoking is the most important factor in its causation. Yet we, and many other countries and nations throughout the world, stand helpless in the face of this preventable disease because its chief basic cause—smoking—is a socially accepted habit to which the majority of people are addicted.

Faced by this majority in opposition there is little strong direct action that any Government can reasonably be expected to take to prevent or forbid smoking.

In Jersey we should continue to give as much publicity as possible, through the various propaganda media, to the dangers of smoking so that eventually every person will know that cigarette smoking can cause such serious and lethal diseases as lung cancer, chronic bronchitis and heart disease. It will then be up to each person to decide for himself whether he wants to prejudice his health by smoking.

At the same time we should also do all we can to discourage children from taking up this habit, which when acquired they may find so hard to break. Adult example at home, on the " telly " and on the street has, so far, been not on our side.

CARE OF THE AGED.

The last Census (1961) showed that there were more than 10,000 people living in Jersey who were over retirement age. This represents 16.5% of the population or 1 person in every 6.

This proportion has, if anything, increased over the last 5 years and it will, without doubt, continue to increase in the future.

Old age is one of the greatest challenges this Island faces to-day and the care and welfare of this senior section of the community must be accepted as one of the most important tasks which face us for the future.

Many voluntary organisations already perform excellent and invaluable work in catering for the various needs of the old people of this Island. Official action in the care of the aged is mostly concerned with financial assistance ; in the supervision of accommodation in Old Person's Homes, and in the provision of accommodation in States' houses or flats.

But much more still needs to be done in this field of welfare and we should give serious thought to whether the time has not arrived when a States' Welfare Committee is needed which would co-ordinate, encourage and sponsor the efforts of the voluntary organisations and also to expand the scope of the official welfare services in order to cover the welfare needs of all sections of our community.

FLUORIDATION.

Early in the year the States' Assembly approved the fluoridation of the water supply and called for legislation to enable this to be carried out. The necessary money was also voted.

Fluoridation has now been used for over 20 years in some parts of the U.S.A. and for over 10 years in two areas of Britain.

Reports from the health authorities of these areas all speak of the great improvement in the teeth of the children which has already, even in this short time, resulted from fluoridation. Furthermore, despite constant vigilance by the doctors in those areas, not one proven case of harmful effect has been attributed to fluoridation.

In Jersey we can expect a similar improvement in the teeth of our children following the adjustment of the fluoride content of our drinking water to a level which nature has taught us as being both beneficial and at the same time harmless.

It would be sad for this Island if the half-truths and misrepresentations used so adroitly by those opposed to fluoridation were allowed to interfere with this harmless public health measure which will be of inestimable benefit to the dental health of our children.

LEGISLATION.

Two Bills of public health importance passed into Law during the year.

1. The Drugs (Prevention of Misuse) (Jersey) Law, 1965, which aims to control the illicit trade in the amphetamine and other similar types of drugs.
2. Old Person's Homes (Registration) (Jersey) Law, 1964, which provides for the registration and inspection of these Homes. Its subsidiary legislation defining standards of the facilities and services which should be expected in these Homes was also passed during the year.

The " Clean Food " Bill reached its final state of preparation and will be lodged au Greffe early in 1966.

STAFF CHANGES.

Dr. M. Murphy, who had been Deputy Medical Officer of Health for the past 2 years, left Jersey in September to take up an appointment with the Medical Service of Eire. He was succedeed in December by Dr. J. M. Joshua, who had been working for the past few years as Assistant Medical Officer of Health in Bristol.

Mrs. G. A. Rampton, Dental Officer, resigned from the Jersey School Dental Service in November. Her place was taken by Miss R. J. Beddow.

We also welcome Mr. R. L. Robbins, who was appointed as a Sanitary Inspector in March, 1965. Mr. Robbins had previously held a position with Bucklow Rural District Council, Cheshire, with special responsibilities regarding food hygiene.

ACKNOWLEDGEMENTS.

Again this year I should like to draw your attention to the very valuable contribution made to the Health Services of this Island by the various voluntary workers and their Associations.

Although they are too numerous to name individually they are, I am sure, known to the members of your Committee and I personally would like to thank them for their unstinting efforts throughout the year.

In this connection I should like to mention the very valuable work carried out on behalf of your Committee by the District Nurses and the Health Visitors of this Island.

I also wish to thank my fellow officers and my colleagues of the Public Health Department for their hard work, co-operation and loyalty throughout the year. I am extremely fortunate to have such a staff of helpers.

Finally I wish to record my sincere appreciation to you, Madam, and the Members of your Committee for the kindness and support you have granted to myself and my colleagues throughout the year.

W. WILLIAMS,
Medical Officer of Health.

VITAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	62,500
Number of persons per acre	2
Marriage rate per 1,000 estimated population	20.0
Deaths	803
Death rate per 1,000 estimated population	12.8
Comparability factor	0.89
Standardised death rate	11.4
Live births	1,213
Live birth rate per 1,000 estimated population	19.4
Illegitimate live births	123
Illegitimate live births per cent of total live births	10.1
Stillbirths	20
Stillbirth rate per 1,000 live and stillbirths	16.2
Total live and stillbirths	1,233
Infant deaths	20
Infant mortality rate per 1,000 live births (total)	16.5
Infant mortality rate per 1,000 live births (legitimate)	14.7
Infant mortality rate per 1,000 live births (illegitimate)	32.5
Neo-natal mortality rate per 1,000 live births	9.1
Peri-natal mortality rate per 1,000 live and stillbirths	23.5
Maternal deaths	—
Maternal mortality rate per 1,000 live and stillbirths	—
Malignant disease (cancer) (all forms) mortality rate per 1,000 estimated population	2.6
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.02

THE POPULATION.

The resident mid-year population, as estimated by this office, was 62,500 ; made up of 30,070 males and 32,430 females.

These figures have been calculated by taking the number of persons enumerated and resident in Jersey at the time of the 1961 census, adding the births and subtracting the deaths that have taken place in the Island since that time. The approximate number of Jersey residents whom we estimate might be out of the Island at one given time have then been added to these totals. In 1961, according to the Registrar General's Office, this figure was about 400 males and 450 females. For our calculations we have used the numbers 441 males and 496 females in order to bring our totals to the nearest round numbers.

1965 ESTIMATED POPULATION.

	Male	Female	Total
Resident population 1961 Census ...	28,675	30,835	59,510
Births 1961, 1962, 1963, 1964 and 1965	3,010	2,992	6,002
	31,685	33,827	65,512
Deaths 1961, 1962, 1963, 1964 and 1965	2,056	1,893	3,949
	29,629	31,934	61,563
Estimated number of Jersey residents enumerated in the U.K. at the 1961 Census	441	496	937
Estimated population 1965	30,070	32,430	62,500

These figures do not take into account migration because we have no method of knowing the exact number of yearly immigrants or emigrants. It was hoped that this information would be available from the 1966 census, but it has been decided not to hold this census and we will now have to wait until the 1971 census for the true figures to be revealed.

THE MARRIAGE RATE.

There were 624 marriages during 1965 giving a marriage rate (persons married per 1,000 estimated population) of 20.0 as against 19.3 last year. The number of marriages is the highest since records were first kept.

BIRTHS.

Live births.

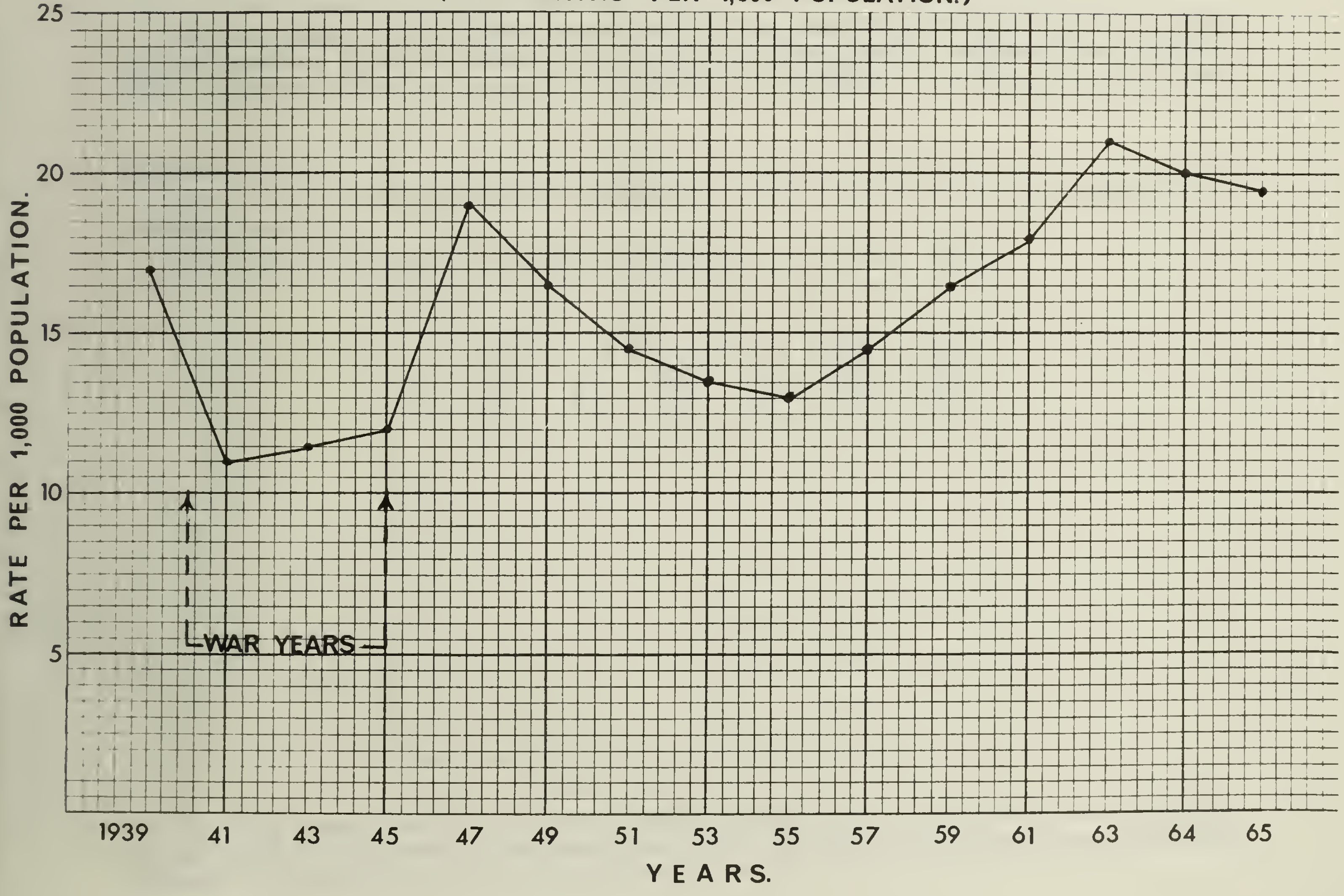
1,213 live births (612 males and 601 females) were registered in Jersey in 1965 ; this represents a birth rate of 19.4 per 1,000 of the estimated mid-year population, which is less than in 1963 and 1964 when the birth rates were 20.8 and 19.9 respectively.

Of these births 1,132 (93%) occurred in the Jersey Maternity Hospital, 52 in Nursing Homes and other Hospitals, and only 29 at home.

The placings of these births in the family are :—

BIRTH RATE 1939—1965

(LIVE BIRTHS PER 1,000 POPULATION.)



Position in Family	MALE				FEMALE				Total
	Full-term		Premature		Full-term		Premature		
	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	Leg.	Illeg.	
1st	183	33	8	8	171	39	16	5	463
2nd	180	12	9	2	173	10	9	3	398
3rd	91	3	5	—	84	3	12	—	198
4th	36	2	2	—	38	—	5	—	83
5th–11th ...	35	2	1	—	30	1	2	—	71

The above figures include babies born in Jersey to non-residents but do not include those born to Jersey residents out of the Island. Notifications have been received indicating that 9 mothers with a permanent address in Jersey were delivered on the mainland. 5 of these were illegitimate.

Illegitimate Births.

123 or 10.1 % of the live births were illegitimate. This is a small increase over 1964 when the percentage was 9.4.

The following table shows the trend in illegitimacy over the past 7 years.

Year	No. of illeg. live births	% of total live births	No. of illeg. still-births	% of total still-births	No. of illeg. births (live & still)	% of total births (live & still)
1959	32	3·4	—	—	32	3·3
1960	51	4·9	1	7·1	52	5·0
1961	62	5·7	1	5·0	63	5·7
1962	70	5·9	5	18.5	75	6.2
1963	97	7·6	2	11.1	99	7·6
1964	116	9·4	—	—	116	9.2
1965	123	10.1	4	20.0	127	10.3

Up to the present time it has not been possible to discover how many of the unmarried mothers are local girls, but measures are now being taken which will enable us to find out the length of stay in Jersey of all mothers who are not Jersey born.

Stillbirths.

The 20 stillbirths registered in Jersey during 1965 represent a stillbirth rate of 16.2 per 1,000 (live and still) births.

Stillbirths were first registered in Jersey as recently as 1951 and ever since that time the rate has remained on a fairly steady level with no apparent upward or downward trend.

DEATHS.

803 deaths were registered in Jersey during 1965—425 males and 378 females. This gives a crude death rate of 12.8 per 1,000 estimated population.

The standardised death rate was 11.4 compared with 10.9 in 1964. (The standardised death rate is the rate we would have had in Jersey if our population had the same age and sex distribution as the population of England and Wales).

The percentage of total deaths occurring at ages 65 and upwards was 57.9 for males and 74.9 for females ; at ages 75 and upward 34.8 for males and 55.0 for females.

The average age at death was 64 for males and 72 for females.

The following table shows that average ages at death have remained on a fairly steady level over the past 10 years.

Year	Average age at death	
	Male	Female
1956	66	72
1957	66	71
1958	66	72
1959	66	71
1960	62	72
1961	64	72
1962	65	68
1963	67	73
1964	65	69
1965	64	72

The above mortality figures include deaths of visitors to the Island, but do not include Jersey residents who have died when away from Jersey.

In 1965, through the use of a new form, we have for the first time been able to know with certainty details of the deaths of visitors in Jersey.

For details of the deaths of Jersey residents when out of the Island we still have to rely on newspaper reports and information received from medical practitioners.

The figures for 1965 are :—

Visitors who died in Jersey	60
Jersey residents who died when away from the Island ...	55

The causes of death of the visitors who died in Jersey are :—

	Male	Female	Total
Malignant neoplasm of trachea, bronchus and lung	1	—	1
Malignant neoplasm of all other and unspecified sites	3	—	3
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	1	—	1
Allergic disorders ; all other endocrine and metabolic diseases	—	1	1
Vascular lesions affecting central nervous system	2	5	7
Arteriosclerotic heart disease, including coronary disease	4	4	8
Diseases of the arteries	1	1	2
Bronchitis, chronic and unqualified	1	—	1
Intestinal obstruction and hernia	1	—	1
Infections of kidney	1	—	1
Motor vehicle accidents	7	—	7
Other transport accidents (air crash)	16	3	19
Accidental falls	2	1	3
Accidental drowning and submersion	4	—	4
Suicide and self-inflicted injury	1	—	1
Totals	45	15	60

INFANT MORTALITY.

The 20 infant deaths (under 12 months of age) which occurred in 1965 gives an Infant Mortality Rate of 16.5 per 1,000 live births.

This is the lowest Infant Mortality Rate ever recorded in Jersey.

The following table shows the remarkable decrease in infant mortality which has taken place over the past 50 years.

Year	Infant Mortality Rate
1915	118.9
1925	73.1
1935	40.5
1945	27.4
1955	34.0
1965	16.5

The deaths were distributed as follows :—

Under 7 days	8
7 —28 days	3
1 — 3 months	2
3 months—1 year	7

The neo-natal death rate (deaths in the first 4 weeks of life) is 9.1 per 1,000 live births. 36% of these deaths were attributed to prematurity.

CAUSES OF DEATH OF INFANTS WITHIN THE FIRST YEAR OF LIFE.

CAUSE.	AGE AT DEATH.		
	Under 7 days	7 — 28 days	1 — 12 months
Prematurity	4	—	—
Congenital Defects ...	2	1	3
Birth Injuries	2	—	1
Infections	—	2	3
Accidents	—	—	2
Total	8	3	9

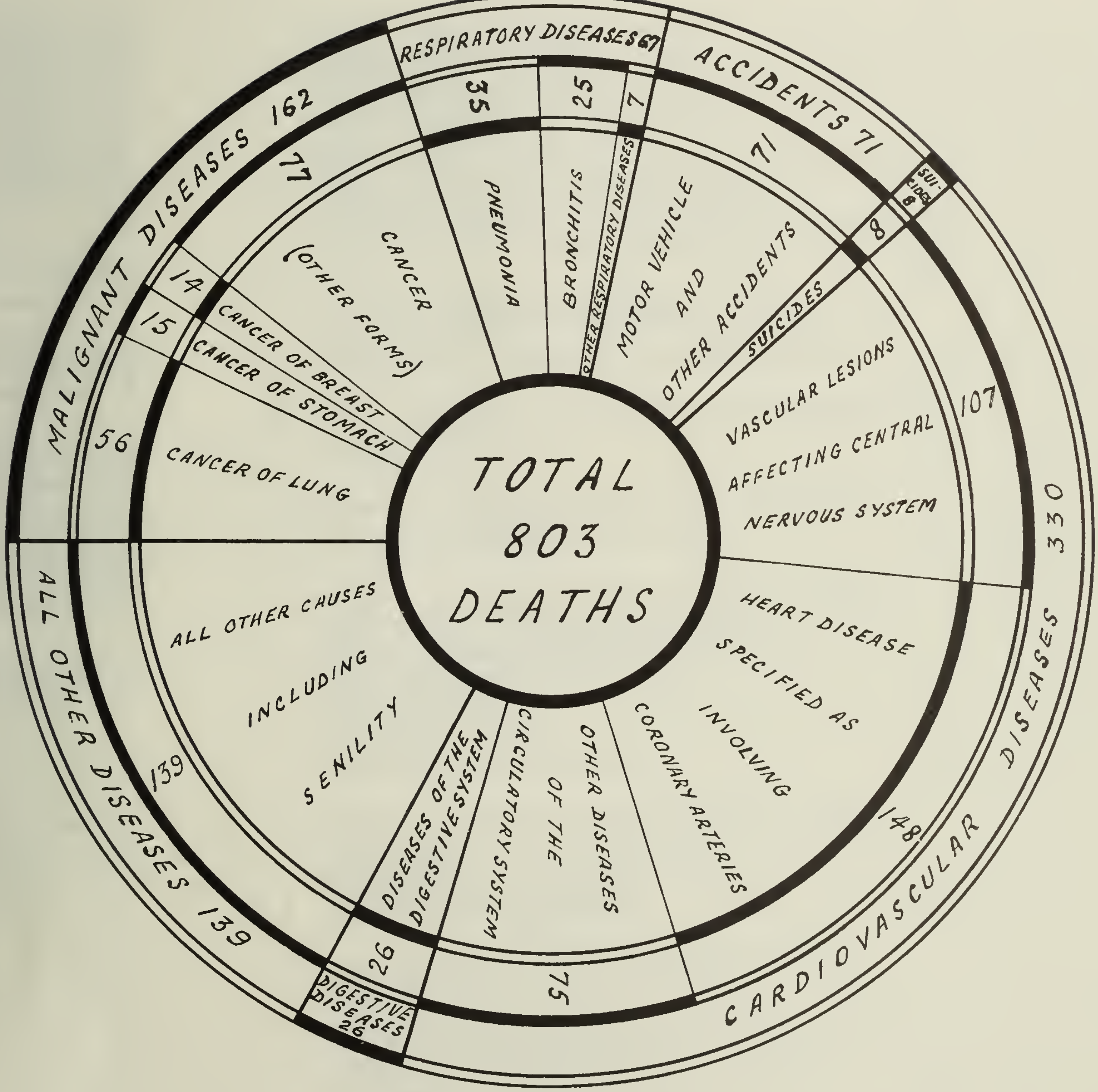
Of the 20 children who died during the first year of life 4 were illegitimate giving an illegitimate infant mortality rate of 32.5

PERI-NATAL MORTALITY.

The peri-natal mortality rate (stillbirths plus deaths in the first week of life per 1,000 total births) was 23.5. This rate has remained fairly level ever since it was first recorded in Jersey 15 years ago.

MATERNAL MORTALITY.

There were no maternal deaths during the year.


TOTAL 803 DEATHS
MALIGNANT DISEASES 162
RESPIRATORY DISEASES 67
ACCIDENTS 71
SUI-CIDES 8
CARDIOVASCULAR DISEASES 330
DIGESTIVE DISEASES 26
ALL OTHER DISEASES 139
77
CANCER (OTHER FORMS)
14
CANCER OF BREAST
15
CANCER OF STOMACH
56
CANCER OF LUNG
35
PNEUMONIA
25
BRONCHITIS
7
OTHER RESPIRATORY DISEASES
71
MOTOR VEHICLE AND OTHER ACCIDENTS
8
SUICIDES
107
VASCULAR LESIONS AFFECTING CENTRAL NERVOUS SYSTEM
148
HEART DISEASE SPECIFIED AS INVOLVING CORONARY ARTERIES
75
OTHER DISEASES OF THE CIRCULATORY SYSTEM
26
DISEASES OF THE DIGESTIVE SYSTEM
139
ALL OTHER CAUSES INCLUDING SENILITY

Deaths (exclusive of foetal deaths), cross-classified by cause, sex and age, registered during the year 1965.

MALE

CAUSE OF DEATH	All Ages	Under 1 year	1—4	5—9	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75 and over
GROUP II—NEOPLASMS																		
Malignant neoplasm of buccal cavity and pharynx	4	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	—
Malignant neoplasm of oesophagus	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—	—
Malignant neoplasm of stomach	9	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	3	5
Malignant neoplasm of intestine, except rectum	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Malignant neoplasm of rectum	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Malignant neoplasm of trachea, bronchus and lung	46	—	—	—	—	—	—	—	—	1	2	1	2	8	6	11	12	3
Malignant neoplasm of prostate	10	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	8
Malignant neoplasm of skin	3	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—
Malignant neoplasm of all other and unspecified sites	12	—	—	—	—	—	—	—	—	—	1	—	1	2	2	1	2	3
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Benign neoplasms and neoplasms of unspecified nature	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total	97	—	—	—	—	—	—	—	—	2	3	3	4	11	11	19	20	24
GROUP III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES																		
Allergic disorders; all other endocrine and metabolic diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	35	—	—	—	—	—	—	—	—	—	—	—	2	1	6	3	6	17
Total	35	—	—	—	—	—	—	—	—	—	—	—	2	1	6	3	6	17
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Chronic rheumatic heart disease	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Arteriosclerotic heart disease, including coronary disease	88	—	—	—	—	—	1	—	—	1	2	4	9	11	13	6	11	30
Chronic endocarditis not specified as rheumatic	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Other myocardial degeneration	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1
Other diseases of heart	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	5
Hypertensive heart disease	9	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	5
Other hypertensive disease	5	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	1
Diseases of arteries	5	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3
Other diseases of circulatory system	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Total	122	—	—	—	—	—	1	—	—	1	2	4	9	14	18	7	19	47
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Lobar pneumonia	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Bronchopneumonia	18	1	—	—	—	—	—	—	—	—	—	—	1	3	2	2	6	3
Primary atypical, other, and unspecified pneumonia	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2
Acute bronchitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis, chronic and unqualified	16	—	—	—	—	—	—	—	—	—	—	1	—	1	4	4	2	4
Other diseases of respiratory system	6	—	—	—	—	—	—	—	—	—	—	1	1	2	—	1	—	1
Total	46	1	—	1	—	—	—	—	—	—	—	2	2	6	6	7	9	12
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of stomach	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Intestinal obstruction and hernia	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Gastro-enteritis and colitis, except diarrhoea of the newborn	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Cirrhosis of liver	6	—	—	—	—	—	—	—	—	—	1	—	—	—	1	3	—	1
Other diseases of digestive system	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total	13	—	—	—	—	—	—	—	—	—	1	—	1	—	2	4	1	4
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Infections of kidney	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Hyperplasia of prostate	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Other diseases of genito-urinary system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Total	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	7
GROUP XIV—CONGENITAL MALFORMATIONS																		
Congenital malformations of circulatory system	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other congenital malformations	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Birth injuries	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Post-natal asphyxia and atelectasis	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infections of the newborn	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ill-defined diseases peculiar to early infancy, and immaturity unqualified	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	33
Total	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	33
GROUP XVII—ACCIDENTS, POISONINGS, AND VIOLENCE																		
Motor vehicle accidents	14	—	—	—	—	1	5	1	—	1	—	—	2	1	1	1	—	1
Other transport accidents	20	—	—	—	2	3	5	3	1	2	1	—	—	2	1	—	—	—
Accidental poisoning	4	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	1
Accidental falls	4	—	—	—	—	—	1	—	—	—	—	—	—	1	1	—	—	1
Accidental drowning and submersion	7	—	—	—	1	—	2	—	—	—	1	—	1	—	—	1	—	1
All other accidental causes	3	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Suicide and self-inflicted injury	6	—	—	—	—	—	—	1	1	2	—	—	—	—	2	—	—	—
Homicide and injury purposely inflicted by other persons (not in war)	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Total	59	2	—	—	3	4	13	5	4	5	2	—	3	6	6	2	—	4
All causes … … … … … … … … … … … … Total	425	12	1	1	3	4	14	5	4	8	8	9	21	39	49	42	57	148

Deaths (exclusive of foetal deaths), cross-classified by cause sex and age, registered during the year 1965.

FEMALE

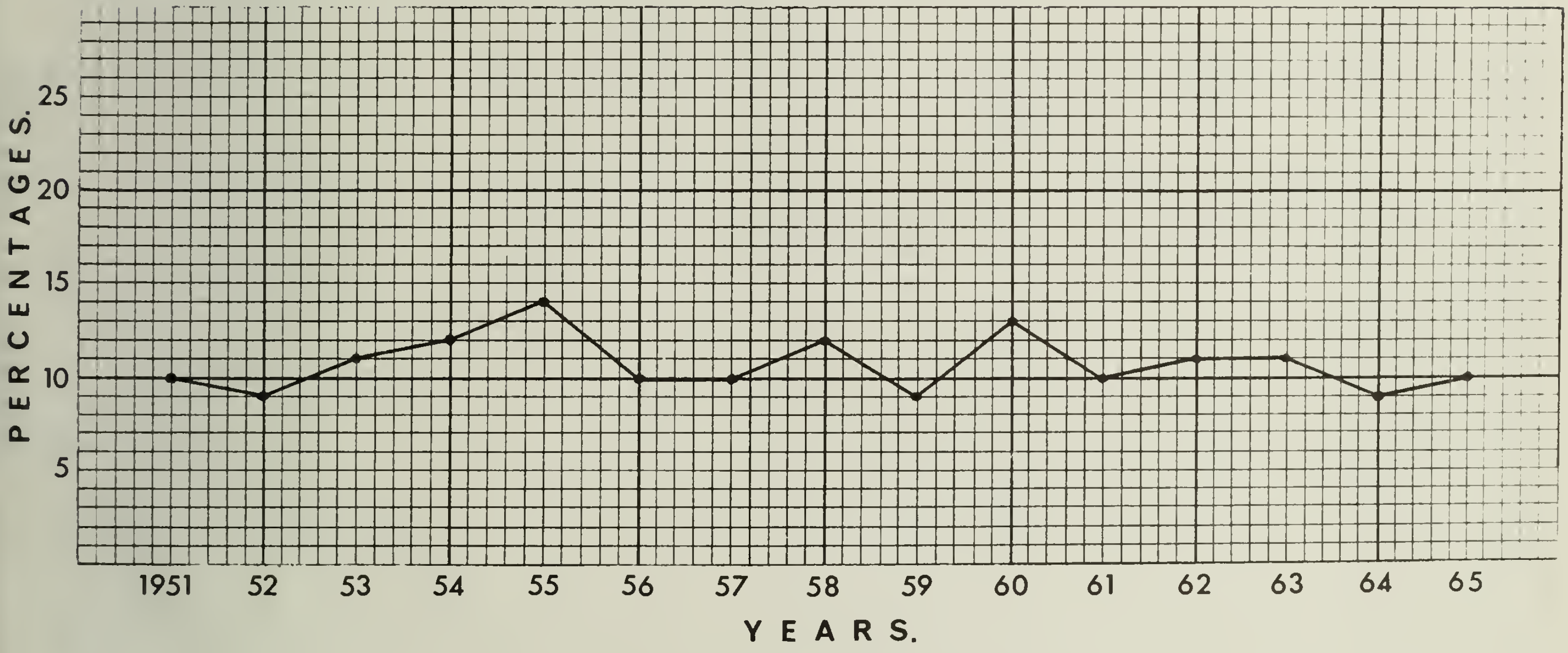
CAUSE OF DEATH	All Ages	Under 1 year	1—4	5—9	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—74	75 and over
GROUP I—INFECTIVE AND PARASITIC DISEASES																		
Tuberculosis of respiratory system	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Tetanus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Total	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
GROUP II—NEOPLASMS																		
Malignant neoplasm of buccal cavity and pharynx	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malignant neoplasm of oesophagus	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Malignant neoplasm of stomach	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Malignant neoplasm of intestine, except rectum	8	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	3
Malignant neoplasm of rectum	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Malignant neoplasm of trachea, bronchus and lung	10	—	—	—	—	—	—	—	—	—	1	—	2	1	2	—	2	2
Malignant neoplasm of breast	14	—	—	—	—	—	—	—	—	—	1	3	—	4	—	1	—	5
Malignant neoplasm of cervix uteri	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Malignant neoplasm of other and unspecified parts of uterus	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Malignant neoplasm of all other and unspecified sites	15	—	—	—	—	1	—	—	—	1	1	—	3	1	1	2	1	4
Leukaemia and aleukaemia	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Benign neoplasms and neoplasms of unspecified nature	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total	67	—	—	—	—	1	—	—	—	1	3	3	5	9	6	12	7	20
GROUP III—ALLERGIC ENDOCRINE SYSTEM, METABOLIC, AND NUTRITIONAL DISEASES																		
Diabetes Mellitus	3	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1
Allergic disorders; all other endocrine and metabolic diseases	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Total	6	—	—	—	1	—	—	1	1	—	—	—	—	—	—	1	—	2
GROUP V—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS																		
Psychoses	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Total	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
GROUP VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																		
Vascular lesions affecting central nervous system	72	1	—	—	—	—	—	—	—	1	1	—	1	5	5	6	10	42
Total	72	1	—	—	—	—	—	—	—	1	1	—	1	5	5	6	10	42
GROUP VII—DISEASES OF THE CIRCULATORY SYSTEM																		
Chronic rheumatic heart disease	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Arteriosclerotic heart disease, including coronary disease	60	—	—	—	—	—	—	—	—	—	—	1	1	2	5	9	11	31
Chronic endocarditis not specified as rheumatic	5	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	3
Other myocardial degeneration	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2
Other diseases of heart	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8
Hypertensive heart disease	8	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	6
Other hypertensive disease	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3
Diseases of arteries	4	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	1
Other diseases of circulatory system	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1	2
Total	101	—	—	—	—	—	—	—	—	1	—	2	3	2	8	12	17	56
GROUP VIII—DISEASES OF THE RESPIRATORY SYSTEM																		
Bronchopneumonia	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	7
Primary atypical other, and unspecified pneumonia	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute bronchitis	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Bronchitis, chronic and unqualified	7	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	3
Other diseases of respiratory system	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	21	2	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2	11
GROUP IX—DISEASES OF THE DIGESTIVE SYSTEM																		
Ulcer of stomach	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Ulcer of duodenum	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Appendicitis	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Intestinal obstruction and hernia	4	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	2
Gastro-enteritis and colitis, except diarrhoea of the newborn	3	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
Cirrhosis of liver	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Cholelithiasis and cholecystitis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Total	13	—	—	—	—	—	—	—	—	1	—	3	—	1	2	1	—	5
GROUP X—DISEASES OF THE GENITO-URINARY SYSTEM																		
Chronic, other, and unspecified nephritis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Infections of kidney	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Total	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
GROUP XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT																		
Other diseases of musculoskeletal system	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XIV—CONGENITAL MALFORMATIONS																		
Congenital malformations of circulatory system	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All other congenital malformations	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XV—CERTAIN DISEASES OF EARLY INFANCY																		
Birth injuries	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XVI—SYMPTOMS, SENILITY, AND ILL-DEFINED CONDITIONS																		
Senility without mention of psychosis	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	63
Total	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	63
GROUP XVII—ACCIDENTS, POISONINGS, AND VIOLENCE																		
Motor vehicle accidents	3	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2
Other transport accidents	6	—	—	—	—	—	1	—	—	1	1	1	—	2	—	—	—	—
Accidental falls	8	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	6
Accident caused by hot substance, corrosive liquid, steam and radiation	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Accidental drowning and submersion	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Suicide and self-inflicted injury	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
Homicide and injury purposely inflicted by other persons (not in war)	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Total	22	—	—	—	—	1	1	—	1	1	1	4	—	3	—	1	1	8
All causes … … … … … … … … … … … … Total	378	8	1	—	1	2	1	1	2	5	6	12	9	23	24	36	39	208

Deaths (exclusive of foetal deaths), cross-classified by cause and sex, registered during the years 1961 — 1965.

	1961			1962			1963			1964			1965		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
GROUP I — Infective and Parasitic Diseases	5	2	7	4	2	6	1	—	1	2	1	3	—	2	2
GROUP II — Neoplasms	73	57	130	67	60	127	89	73	162	88	72	160	97	67	164
GROUP III — Allergic, endocrine system, metabolic, and nutritional diseases	3	5	8	3	6	9	6	6	12	—	4	4	1	6	7
GROUP IV — Diseases of the blood and blood-forming organs	2	3	5	2	3	5	2	1	3	2	2	4	—	—	—
GROUP V — Mental, psychoneurotic, and personality disorders	2	1	3	—	—	—	2	—	2	—	4	4	—	2	2
GROUP VI — Diseases of the nervous system and sense organs	41	76	117	42	77	119	66	83	149	38	65	103	35	72	107
GROUP VII — Diseases of the circulatory system	138	119	257	123	96	219	123	113	236	133	95	228	122	101	223
GROUP VIII — Diseases of the respiratory system	66	42	108	46	31	77	76	57	133	47	35	82	46	21	67
GROUP IX — Diseases of the digestive system	18	15	33	10	16	26	15	9	24	18	7	25	13	13	26
GROUP X — Diseases of the genito-urinary system	17	7	24	6	4	10	9	4	13	6	3	9	8	2	10
GROUP XII — Diseases of the skin and cellular tissue	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
GROUP XIII — Diseases of the bones and organs of movement	2	3	5	—	—	—	3	1	4	—	1	1	—	1	1
GROUP XIV — Congenital malformations	3	8	11	7	3	10	1	3	4	2	5	7	3	3	6
GROUP XV — Certain diseases of early infancy	9	6	15	6	7	13	9	3	12	7	12	19	7	2	9
GROUP XVI — Symptoms, senility, and ill-defined conditions	16	30	46	14	21	35	21	35	56	17	42	59	34	64	98
GROUP XVII — Accidents, poisonings, and violence	42	14	56	33	25	58	18	19	37	28	22	50	59	22	81
TOTAL	437	388	825	363	351	714	442	407	849	388	370	758	425	378	803

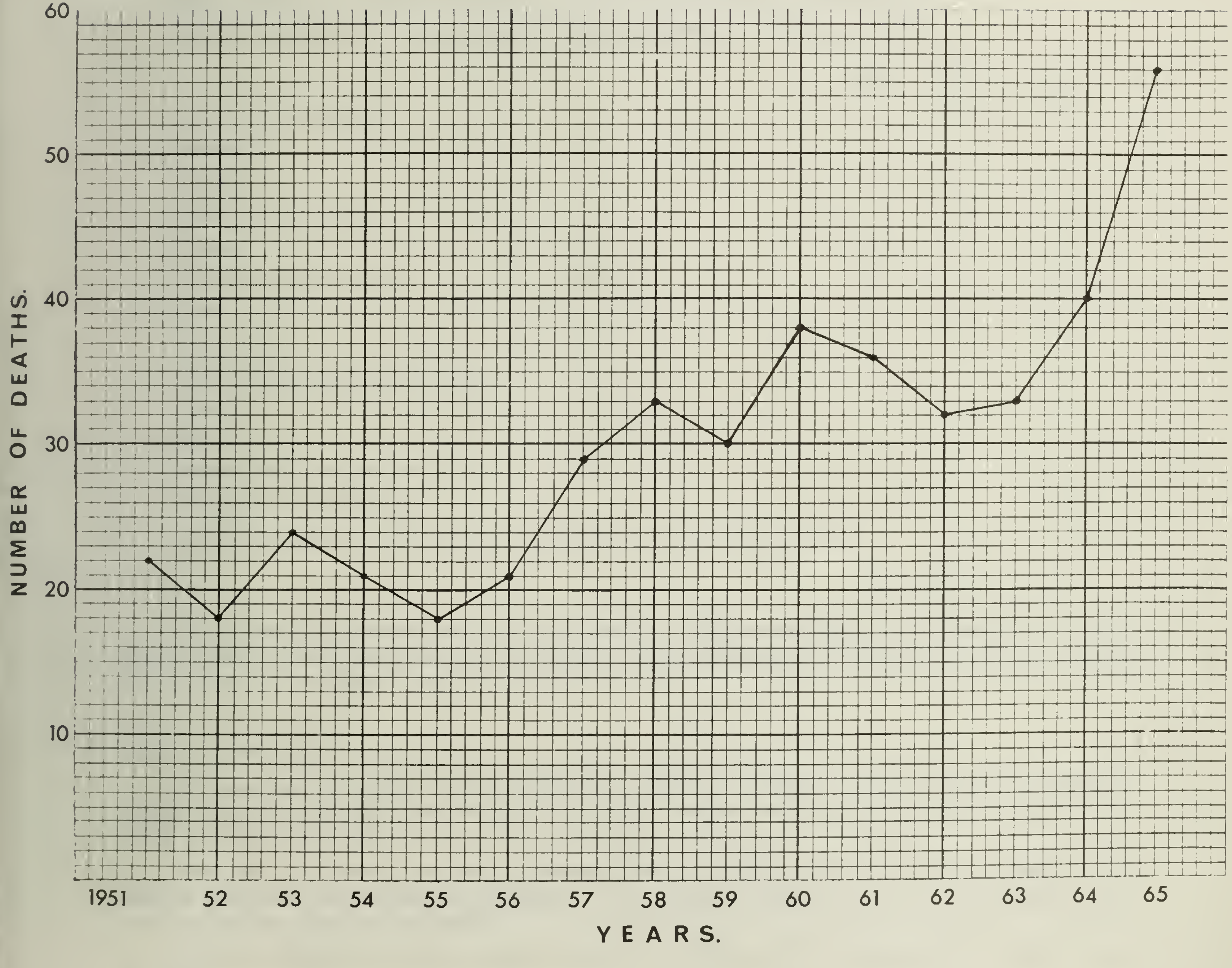
CANCER DEATHS AS A PERCENTAGE OF TOTAL DEATHS.

1951 — 1965



LUNG CANCER DEATHS.

1951 — 1965



PRINCIPAL CAUSES OF DEATH.

The Cancers.

General.

161 people died from cancer in Jersey in 1965 (95 males and 66 females). This gives a rate of 258 per 100,000 population as compared with the rates of 255 in 1964 and 263 in 1963.

The average age at death from cancer was 66 for males and 63 for females.

Analysis of all deaths from malignant tumours registered in Jersey in 1965 :—

	Male	Female	Total
Buccal cavity and pharynx	4	2	6
Oesophagus	5	2	7
Stomach	9	6	15
Intestine, except rectum	2	8	10
Rectum	2	2	4
Trachea, bronchus and lung	46	10	56
Breast	—	14	14
Cervix uteri	—	2	2
Other and unspecified parts of uterus	—	3	3
Prostate	10	—	10
Skin	3	—	3
All other and unspecified sites	12	15	27
Leukaemia and aleukaemia	—	1	1
Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	2	1	3
	95	66	161

Cancer deaths accounted for 20% of all deaths. This percentage has not changed very much over the past 15 years, which may be surprising in an ageing population when more and more persons live to enter the so-called " cancerous " ages.

Cancer of the Lung.

46 males and 10 females died from this form of cancer in Jersey in 1965. This is the highest figure ever recorded and it represents an increase of nearly 50% over the previous high of 1964 when there were 40 deaths.

The picture becomes even more ominous when we realise that 4 other Jersey residents also died of cancer of the lung on the mainland. (On the other hand one out of the 56 deaths which occurred on the Island was a visitor).

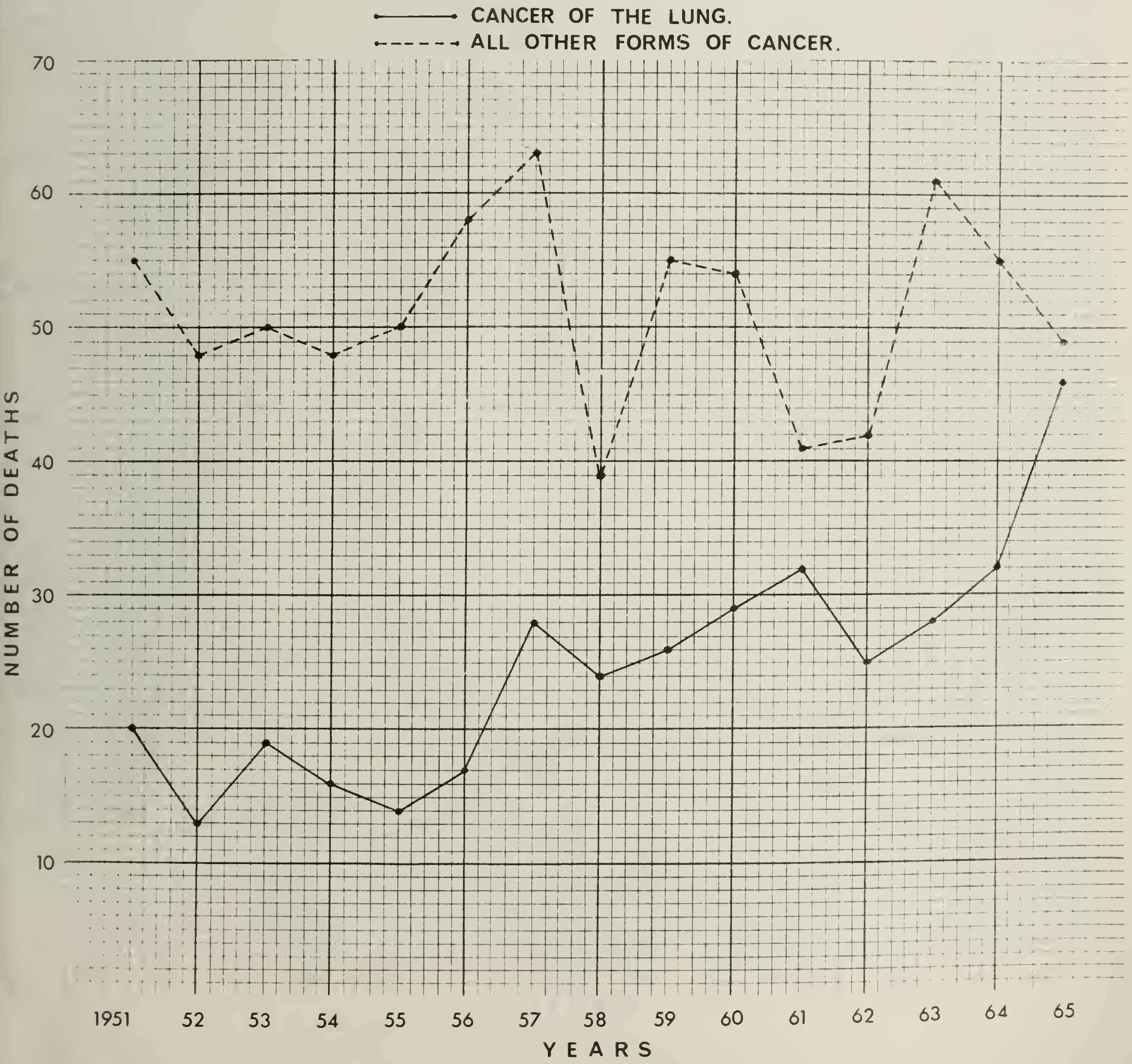
The true position is that 59 Jersey residents (47 males and 12 females) died of lung cancer in 1965.

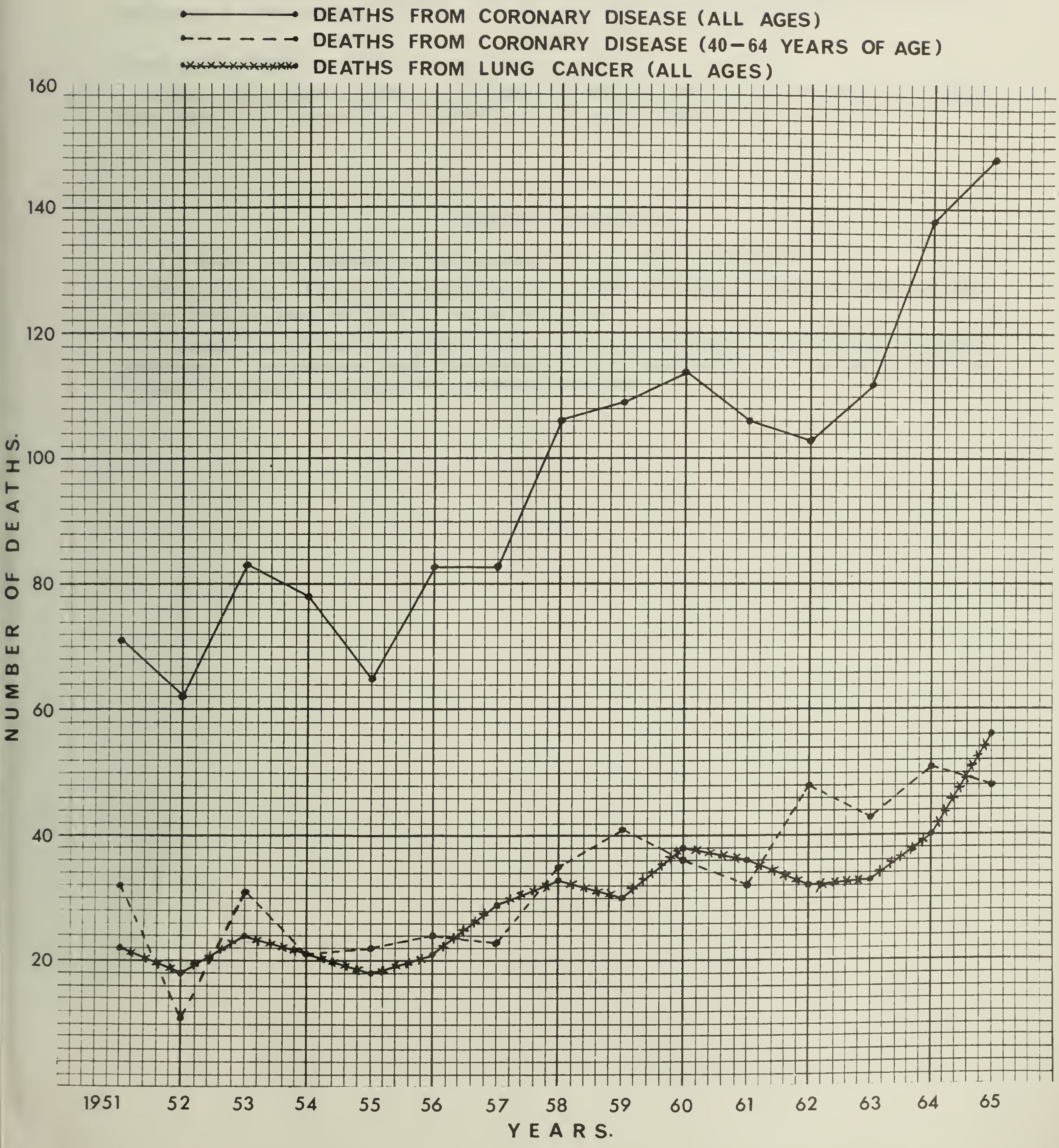
Lung cancer is the only form of cancer which continues to increase and it now accounts for 34.8% of all cancer deaths and 7% of all deaths.

In 1965, as in previous years, cancer of the lung was about four times more common in males than females. Its importance as a cause of death in males is demonstrated by the following graph, which shows that cancer of the lung was responsible for 50% of all male cancer deaths.

MALE CANCER DEATHS.

1951 — 1965




DEATHS FROM CORONARY DISEASE (ALL AGES)
DEATHS FROM CORONARY DISEASE (40—64 YEARS OF AGE)
DEATHS FROM LUNG CANCER (ALL AGES)
160
140
120
100
80
60
40
20
NUMBER OF DEATHS.
1951
52
53
54
55
56
57
58
59
60
61
62
63
64
65
YEARS.

Cancer of the Breast.

This was the most common form of fatal cancer in women with 14 deaths during the year.

The average number of deaths from cancer of the breast over the past 15 years is 13.5 and the average age at death was 62.

Cancer of the Womb.

Cancer of the cervix resulted in 2 deaths and cancer of the body of the uterus in 3 deaths. These figures have remained fairly constant over the past 20 years.

CORONARY THROMBOSIS.

148 deaths were attributed to this condition in 1965—18.5% of all deaths.

The incidence of coronary thrombosis has been steadily rising in recent years and its more serious effect has been felt in the 40–64 male age group.

Cigarette smoking has been implicated as a factor in the increase in the prevalence of coronary thrombosis. The following graph demonstrates the close association in the increasing incidences of these two conditions coronary thrombosis and lung cancer.

ACCIDENTS.

Motor Vehicle Accidents.

17 persons (14 males and 3 females) died following motor vehicle accidents. The average age was 44—the youngest was 16 and the oldest 84. 7 were non-residents.

The following table gives the number of deaths following motor vehicle accidents since 1948.

Year	Male	Female	Total
1948	8	3	11
1949	13	1	14
1950	7	3	10
1951	3	3	6
1952	7	1	8
1953	7	1	8
1954	2	—	2
1955	5	—	5
1956	—	4	4
1957	8	—	8
1958	11	1	12
1959	9	3	12
1960	6	1	7
1961	9	1	10
1962	—	4	4
1963	1	2	3
1964	7	3	10
1965	14	3	17

All other Accidents.

54 persons (38 males and 16 females) were killed by accidents in 1965, as against 29 in 1964. The very high figure this year was due to the air crash in April where 26 persons died.

The types of accidents (motor vehicle accidents excepted) were :—

Air crash	26
Falls	12
Drowning	8
Coal gas poisoning	3
Asphyxia by suffocation	2
Burns	1
Inhalation of food	1
Barbiturate poisoning potentiated by alcohol	1

The average age of these violent deaths was 44—the youngest was 4 months and the oldest 92 years of age.

Of the 54 persons who died during the year 26 were non-residents. 19 of these were air crash victims, 3 died as a result of falls, and 4 were drowned.

SUICIDES.

There were 8 suicides during the year—6 males and 2 females.

The forms of suicide were :—

Coal gas poisoning	5
Monoxide poisoning	1
Hanging	1
Shooting	1

The average age was 47—the youngest was 29 and the oldest 69 years of age. One was a non-resident.

The following table gives the number of successful suicides during the last 15 years. This year the number is the lowest recorded since 1953.

Year	Male	Female	Total
1951	6	2	8
1952	17	1	18
1953	4	2	6
1954	5	5	10
1955	9	5	14
1956	10	7	17
1957	6	8	14
1958	13	2	15
1959	6	3	9
1960	9	4	13
1961	10	4	14
1962	13	7	20
1963	3	8	11
1964	6	5	11
1965	6	2	8
Approx. average for past 15 years	8	4	12

TUBERCULOSIS.

24 cases of pulmonary tuberculosis were notified in 1965, but of these only 13 were indigenous cases. The rest were either visitors or seasonal workers who had been in Jersey for only a short period and who were judged to be suffering from tuberculosis when they arrived.

The incidence rate was 20.8 per 100,000 population, which is the lowest ever recorded in Jersey and which compares very favourably with the incidence rate for England and Wales.

	Average 1958–62	1963–65
Jersey	76.45	30
England and Wales ...	47.39	33.28

What is more pleasing is that 1965 was the first year on record when no case of tuberculosis below the age of 25 years was found.

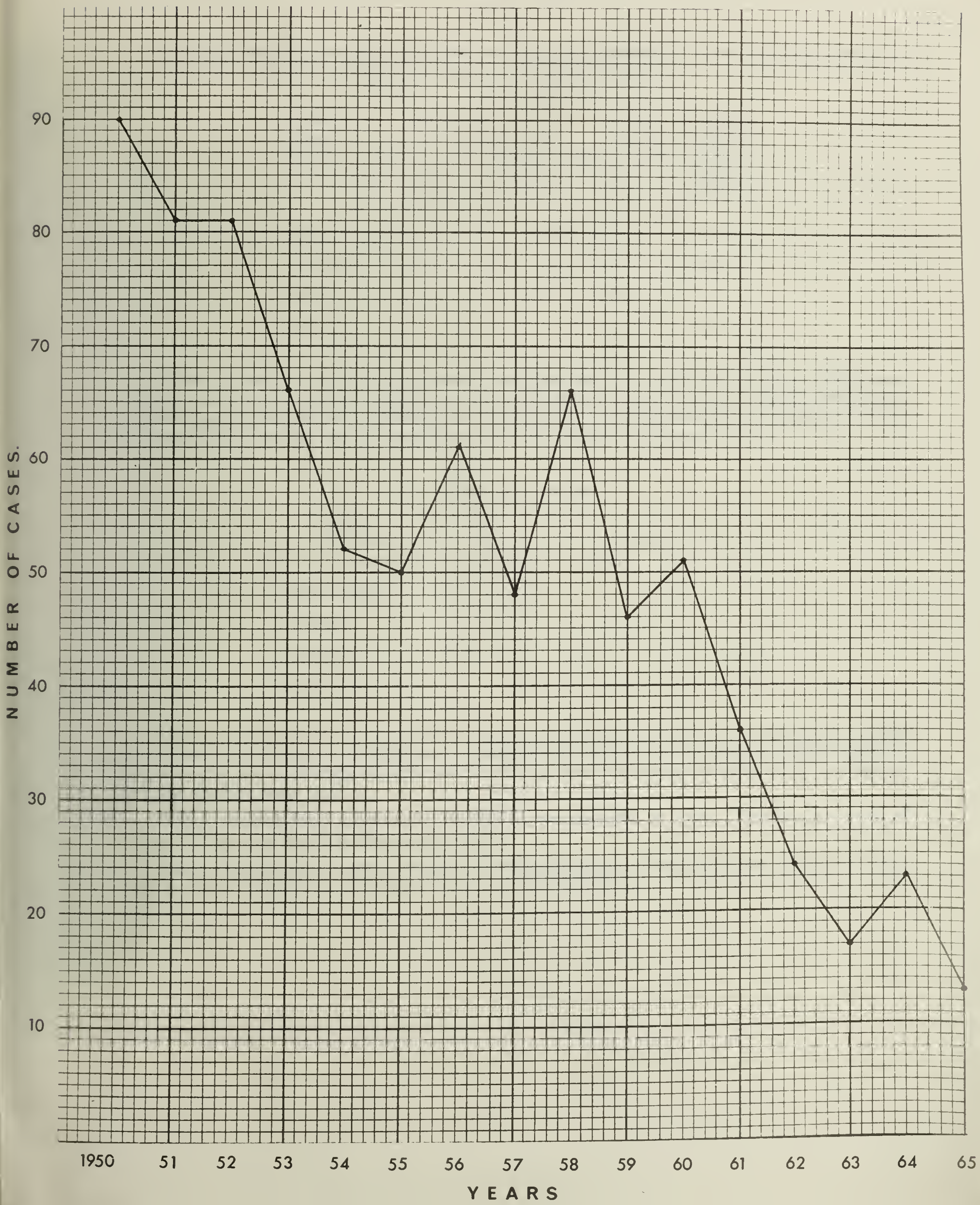
The following table and graph give the Jersey figures since 1950 with their distribution as regards age and sex.

Year	Age Groups.																Total		No. Sputum Positive		% Sputum Positive Male and Female Combined
	0–14		15–24		25–34		35–44		45–54		55–64		65–74		75 +						
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1950	11	9	11	15	8	9	10	2	3	6	3	1	1	1	—	—	47	43	22	13	39%
1951	7	3	15	11	7	4	7	5	6	6	4	2	3	—	1	—	50	31	25	13	47%
1952	2	2	8	9	12	11	10	3	8	2	4	6	2	2	—	—	46	35	32	21	65%
1953	3	4	11	13	5	2	9	2	7	1	2	2	3	1	—	1	40	26	17	18	53%
1954	1	1	9	6	4	2	8	2	6	6	5	1	—	1	—	—	33	19	17	12	56%
1955	1	2	6	7	6	10	6	1	2	2	6	1	—	—	—	—	27	23	17	10	54%
1956	—	—	11	13	9	7	6	3	5	2	2	1	1	—	1	—	35	26	19	5	39%
1957	—	—	5	6	5	7	6	3	2	2	7	1	4	—	—	—	29	19	17	4	44%
1958	—	1	3	9	8	4	9	5	6	5	6	2	6	—	1	1	39	27	24	9	50%
1959	1	—	4	1	5	4	5	5	4	6	4	4	2	1	—	—	25	21	11	9	43%
1960	2	1	2	4	5	3	9	4	7	3	6	—	3	2	—	—	34	17	14	5	37%
1961	2	—	2	4	2	1	6	3	4	3	4	2	2	1	—	—	22	14	8	3	31%
1962	1	1	—	1	2	—	3	4	5	1	4	2	—	—	—	—	15	9	8	3	46%
1963	—	—	1	—	3	1	3	1	1	1	4	—	1	—	1	—	14	3	8	1	53%
1964	—	1	2	1	3	2	2	3	4	—	4	—	1	—	—	—	16	7	10	4	61%
1965	—	—	—	—	2	—	1	3	2	1	3	—	—	—	1	—	9	4	4	2	46%

INDIGENOUS CASES OF PULMONARY TUBERCULOSIS.

(ALL AGES)

1950 — 1965



In a small population single year figures are liable to fluctuation and the improving position is more truthfully portrayed by taking averages over a number of years.

Yearly Average based on 4 years	Age Groups.						Total		No. Sputum Positive		% Sputum Positive Male and Female Combined
	Under 25		25–44		45 and over						
	M	F	M	F	M	F	M	F	M	F	
1950–53	17	17	17	9	12	8	46	34	24	16	50%
1954–57	8	9	13	9	10	4	31	22	18	8	48%
1958–61	4	5	12	7	14	8	30	20	14	7	42%
1962–65	1	1	5	4	8	1	14	6	8	3	55%

Of the 13 cases, 7 (5 males and 2 females) were classified as " early " or " minimal " falling into categories A1 and A2, and the average age was 53 for males and 40 for females. Of the other cases, 4 (3 males and 1 female) were classified as " advanced " or " very advanced " (categories B2 and B3), and the average age was 45 for males and the one female was 39 years of age.

SEVERITY OF CASES, 1965

Description	Category	Males	Females	Total
Early or minimal	A1 A2	5	2	7
Moderate	A3 B1	1	1	2
Advanced	B2 B3	3	1	4
All types		9	4	13

A total of 6 cases were known to have a positive sputum (i.e. containing the germ of tuberculosis) at, or soon after, the time of diagnosis. This gives us an incidence of sputum positive cases of 46% for 1965 and an average annual incidence for the past four years (1962–65) of 55% as against 42% for the four years 1958–61.

Only one death from pulmonary tuberculosis was recorded in 1965. This was a woman of 41 years of age who was first diagnosed in 1947.

Three cases (2 males and 1 female) of non-pulmonary tuberculosis were notified in 1965. This gives an incidence rate of 4.8 per 100,000 of the population.

OVERDALE HOSPITAL — REPORT OF Dr. R. E. GRUCHY.

The main kitchen was extended during the year, both to increase efficiency of running and to provide extra space for serving the planned Geriatric Unit. As part of this project a small new Pharmacy was also built to replace the existing drug store, which was little more than a large cupboard. A Pharmacist now attends daily. The construction of the new Service Block near the entrance to the grounds was nearly completed by the end of the year. This will provide accommodation for domestic staff and allow demolition of the existing quarters which stand on the site to be used for the Geriatric Unit. Changing rooms for non-resident staff will also be available in the new block.

The Chest Clinic.

45 new cases of lung cancer were seen at Overdale during the year, as compared with 32 in 1964, the highest figure previously recorded. One of the 38 male cases was a non-smoker, the first non-smoking male with lung cancer seen for over two years. This accords with British figures which show that lung cancer is rare in male non-smokers. We are indebted to the Staff of Brompton Hospital, London, and of the Radiotherapy Unit at Southampton for treatment of many of these patients.

Cases of tuberculosis seen at the Clinic are analysed in the section of this Report headed Tuberculosis.

Clinic Attendances.

Old Patients	1,152
New Patients	257
Total	1,409

MASS MINIATURE RADIOGRAPHY.

13,947 individuals attended the M.M.R. Centre for an X-ray of the chest in 1965. 378 attended on more than one occasion and a total of 14,325 films were taken, processed and read.

Of all persons who attended, 8,410 (60%) were self-applicants, 455 (5%) of these attending for the first time; 1,776 (13%) were referred by their own doctors for examination, and 3,040 (22%) were aliens.

In all, 11 cases of pulmonary tuberculosis and 15 cases of cancer of the lung were found.

Attendances and Findings—M.M.R. 1961–1965.

	1961	1962	1963	1964	1965
Total attendances	13,899	14,088	14,491	14,302	13,947
Self-applicants	8,147	8,715	8,735	8,760	8,410
Referred by doctors	1,569	1,785	1,958	1,783	1,776
Aliens	2,759	2,835	3,139	3,017	3,040
Cases of Pulmonary T.B. found	28	16	22	12	11
Cases of Lung Cancer found ...	13	15	11	5	15

The distribution and yield per 1,000 examinations is shown in the following table :—

Group	No. X-rayed	No. of T.B.	Yield per 1,000	No. of Cancer	Yield per 1,000
Self-applicants ...	8,410	1	0.1	1	0.1
Referred by doctors	1,776	4	2.3	14	7.9
Aliens	3,040	5	1.6	—	—
Others	721	1	1.4	—	—
Total	13,947	11	0.8	15	1.1

The enquiries made into the smoking habits of all who attend for a chest X-ray show again this year a slight decrease in the number of persons (both male and female) who smoke cigarettes, and a slight rise in those smoking pipes and cigars.

From this it would seem that in the section of the population who visit the M.M.R. the slight swing away from cigarettes in favour of pipe and cigars which was noticed in 1964 has continued in 1965.

However much we would like to interpret these results as being representative of the whole population of the Island we must remember that they only refer to a small and possibly more intelligent sample of our population.

The trends in the smoking habits of this sample of the population is shown in the following graphs :—

IMMUNISATION AND VACCINATION.

Vaccination for International Travel.

Increasing demands made it necessary in March, 1965 to open a Clinic at the Public Health Office offering vaccinations for those persons intending to travel abroad. The Clinic is held each Wednesday afternoon and the following vaccinations were carried out :—

Smallpox vaccinations	187
Cholera vaccinations	60
T.A.B. (Primary and Booster)	68
Poliomyelitis vaccinations	74

Yellow Fever inoculations continue to be given at the Pathological Laboratory, The Parade, St. Helier.

Anti-Poliomyelitis Vaccinations.

4,792 doses of oral vaccine were given during the year, 4,498 by this Department and at Infant Welfare Clinics, and 294 by medical practitioners.

The following table shows the distribution and type of doses given :—

No. of Doses	Public Health and Infant Welfare	Medical Practitioners	Total
1st dose ...	1,136	53	1,189
2nd dose ...	1,138	88	1,226
3rd dose ...	1,150	148	1,298
4th dose ...	1,070	5	1,079
Total	4,498	294	4,792

At the end of the year 101 persons had received one dose only, 99 had received two doses, 4,188 had received three doses and 2,136 had received four doses. A further 241 had registered but had not yet received their first dose.

B.C.G. Vaccination.

For the past 15 years every baby born in Jersey has been offered a B.C.G. vaccination within a few days of birth. The acceptance rate has always been high and is now over 97%. This very satisfactory state may have been helped by the fact that 93% of the babies of this Island are born at the Maternity Hospital where vaccinations are carried out as routine and where the mothers can be informed of their advantages.

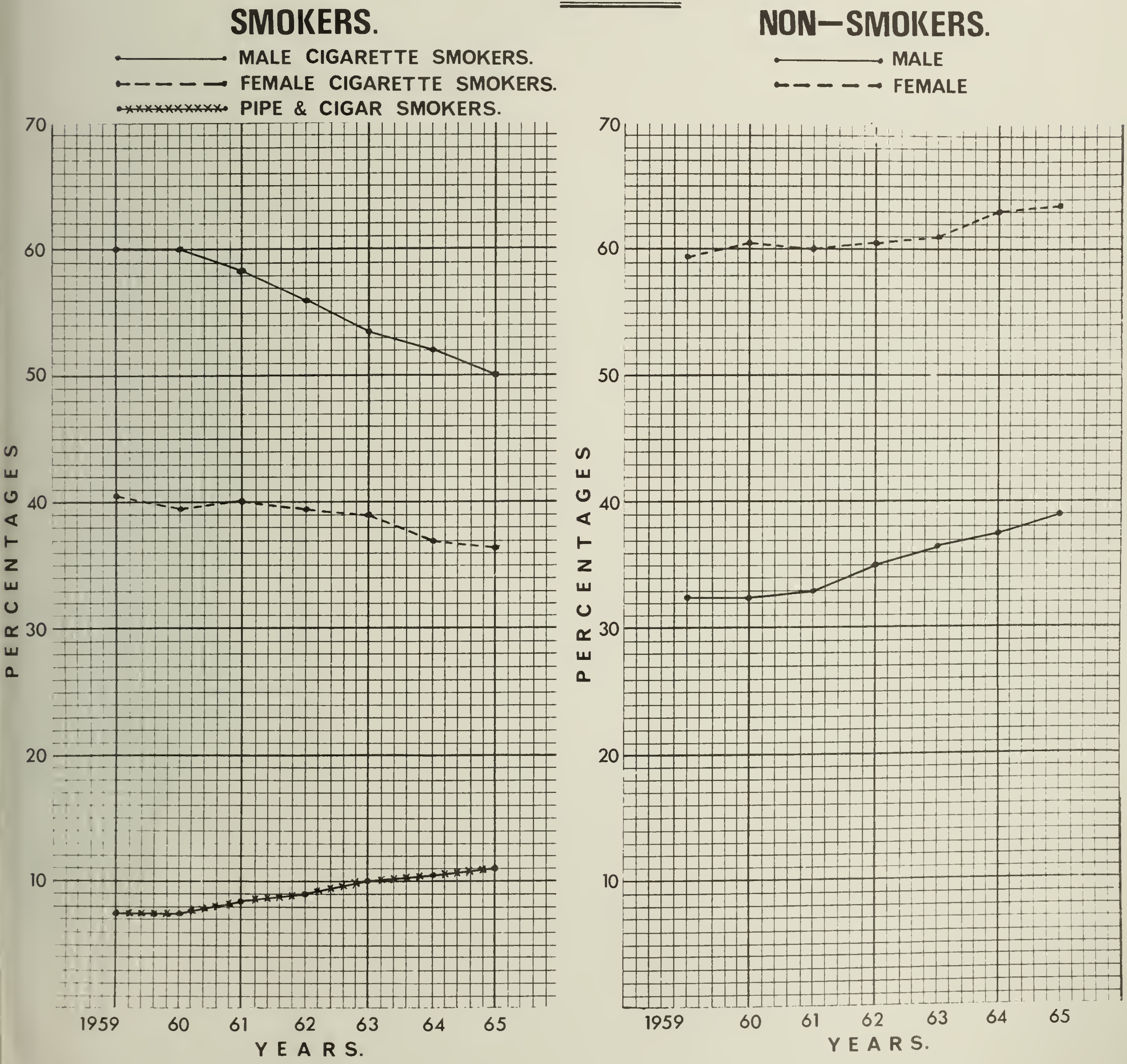
In 1965 for the first time B.C.G. was offered in schools to all the 14-year olds who had been shown by skin test to have no resistance to tuberculosis. 134 B.C.G.'s were given and full details can be found in the School Medical Section of this Report.

In all, during 1965, 1,316 individuals (including 6 over the age of 15) received B.C.G. No less than 1,173 of these cases were babies in the first year of life, of whom 1,168 were born during the year.

A total of 20,714 persons have received B.C.G. since 1949 when it was first introduced into Jersey.

SMOKING HABITS OF PERSONS WHO ATTENDED M.M.R.

1959 — 1965



Survey of smoking habits of the general population in 1965—giving distribution by age, sex and amounts smoked.

Age Groups		Number asked	Non-smokers	% of Total	PIPE TOBACCO						CIGARETTES										CIGARS					
					0–3 oz.	% of Total	4–6 oz.	% of Total	7 oz.	% of Total	0—9	% of Total	10—19	% of Total	20—29	% of Total	30—39	% of Total	40 +	% of Total	5	% of Total	10	% of Total	15	% of Total
15—19	M	366	249	68.04	1	.27	—	—	—	—	16	4.37	52	14.20	35	9.56	9	2.48	4	1.09	—	—	—	—	—	—
	F	496	402	81.05	—	—	—	—	—	—	31	6.25	50	10.08	11	2.22	2	.40	—	—	—	—	—	—	—	—
20—29	M	780	357	45.77	22	2.82	7	.89	—	—	38	4.87	121	15.51	175	22.43	40	5.13	13	1.67	2	.25	4	.52	1	.13
	F	967	626	64.74	—	—	—	—	—	—	57	5.89	196	20.26	80	8.27	4	.41	4	.41	—	—	—	—	—	—
30—39	M	1024	415	40.53	38	3.71	31	3.02	6	.58	29	2.83	150	14.66	234	22.85	62	6.05	39	3.81	11	1.07	7	.68	2	.19
	F	1064	671	63.06	—	—	—	—	—	—	77	7.24	189	17.76	96	9.02	23	2.16	8	.71	—	—	—	—	—	—
40—49	M	1016	324	31.89	43	4.23	57	5.61	4	.39	40	3.93	120	11.81	275	27.06	78	7.68	51	5 02	11	1.08	8	.78	5	.49
	F	999	539	53.96	—	—	—	—	—	—	97	9.70	203	20.32	135	13.51	17	1.70	8	.80	—	—	—	—	—	—
50—59	M	868	276	31.79	39	4.89	47	5.41	6	.69	30	3.45	110	12.67	220	25.35	60	6.91	58	6.68	9	1.04	9	1.04	4	.46
	F	824	470	57.04	—	—	—	—	—	—	63	7.64	170	20.63	92	11.16	22	2.67	7	.85	—	—	—	—	—	—
60 +	M	641	217	33.85	62	9.67	52	8.11	6	.93	30	4.68	92	14.35	114	17.79	28	4.37	24	3.74	10	1.56	6	.93	—	—
	F	603	434	71.98	—	—	—	—	—	—	39	6.47	78	12.93	42	6.96	6	.99	4	.66	—	—	—	—	—	—
TOTALS	M	4695	1838	39.15	205	4.37	194	4.13	22	.47	183	3.89	645	13.73	1053	22.43	277	5.90	189	4.02	43	.91	34	.73	12	.25
	F	4953	3142	63.43	—	—	—	—	—	—	364	7.35	886	17.89	456	9.21	74	1.49	31	.62	—	—	—	—	—	—

Pipe Tobacco = Ozs. smoked per week.

Cigarettes and Cigars = Amount smoked per day.

MASS MINIATURE RADIOGRAPHY. Year ending 31st December, 1965.

D.N.A. S.A. F. 1 Dr. M. 5 Dr. F. 1 Alien M. 2 Total ... 9		Min. X-rays		Passed on Min. film		Recalled for Large film		Passed on Large film		Treatment Cases		Cases for Observation		Other significant abnormalities.					
														Cancer		Heart		Other Lung Disease	
		Grand Total	Repeats	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total	Total	% of Grand Total
Self-Applicants (New)	M	213	—	199	93.43	14	6.57	8	3.75	1	.47	1	.47	—	—	2	.94	2	.94
	F	242	—	235	97.10	7	2.90	7	2.90	—	—	—	—	—	—	—	—	—	—
Self-Applicants (Repeat)	M	3833	3833	3781	98.64	52	1.36	30	.78	1	.03	1	.03	1	.03	2	.05	17	.44
	F	4126	4126	4088	99.08	38	.92	25	.61	1	.02	—	—	—	—	6	.15	5	.12
Doctors' Cases	M	984	395	860	87.40	124	12.60	36	3.67	3	.30	7	.71	12	1.22	14	1.42	47	4.78
	F	884	377	807	91.29	77	8.71	33	3.73	1	.11	4	.45	2	.23	6	.67	30	3.40
Contacts	M	35	19	35	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	54	14	52	96.29	2	3.71	1	1.85	—	—	—	—	—	—	1	1.85	—	—
Tuberculin Positives	M	12	12	12	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	19	19	19	100.00	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	2078	1226	2037	98.03	41	1.97	26	1.25	3	.15	—	—	—	—	3	.15	7	.33
	F	962	530	938	97.51	24	2.49	18	1.87	1	.10	1	.10	—	—	—	—	4	.42
Hospital Staff	M	143	128	141	98.61	2	1.39	—	—	—	—	—	—	—	—	1	.69	1	.69
	F	740	569	727	98.24	13	1.76	12	1.62	—	—	—	—	—	—	—	—	1	.14
TOTALS	M	7298	5613	7065	96.81	233	3.19	100	1.37	8	.11	9	.12	13	.18	22	.31	74	1.01
	F	7027	5635	6866	97.71	161	2.29	96	1.37	3	.04	5	.07	2	.03	13	.18	40	.57

14,325 films—378 more than once in year=13,947 individuals.

The present B.C.G. immunity state of the under 20-year olds is :—

Age Groups	Population	No. protected by B.C.G.	Percentage protected by B.C.G.
Under 5	5,867	5,725	97.6%
5— 9	4,392	4,138	94.2%
10—14	3,708	3,427	92.4%
15—19	4,330	3,067	70.8%

Details of other immunisations and vaccinations will be found under the sections of this Report dealing with the Child Welfare Clinics and the School Health Service.

INFECTIOUS DISEASES.

Infectious diseases (other than tuberculosis) notified during 1965 were :—

Disease	Cases Notified
Dysentery (Sonne)	4
Food poisoning	10
Typhoid and para-typhoid fever	1
Meningococcal infections	3
Scarlet fever	3
Whooping cough	2

All these cases were sporadic and no epidemics were encountered during the year.

The following cases of transmissible diseases were treated at Overdale Hospital during the year :—

Tuberculosis (all forms)	26
Typhoid	1
Sonne dysentery	1
Gastro enteritis	4
Infective hepatitis	1
Measles	1
Chicken pox	1
Mumps	2
Herpes zoster	1
Glandular fever	1
Tonsillitis	4
Virus infection	1
Cellulitis	1
Food poisoning	2

VENEREAL DISEASES.

The number of attendances at the Special Clinic showed little change over 1964. Dr. P. G. Bentlif, who conducts these Clinics, considers that the V.D. position now justifies, during the winter months, only one clinic each week (to include both males and females, but at different times).

The figures of attendances at the Special Clinic over the past five years are :—

	1961	1962	1963	1964	1965
New Patients	104	142	233	180	189
Old Patients	177	331	576	426	419
Total	281	473	809	606	608

SCHOOL MEDICAL SERVICE.

General Health.

The health of the school children of Jersey remained good throughout the year and it is now quite unusual to find a child whose physical condition can be described as unsatisfactory. This reflects great credit on the care which most parents bestow on their children during the pre-school years.

It is also pleasing to record the willingness of parents to be present during the examination of their children, especially those in the younger age group.

43 parents refused to have their children examined by the school doctor, but this must not be taken too seriously. 34 of these refusals concerned senior girls, who through shyness, had, without doubt, prevailed upon their parents to refuse the examination. In the younger children only 9 refusals were received out of over 1,500 invitations—.04%.

Infectious Diseases.

There were no outbreaks of infectious diseases in any of the schools and no closures on account of illness were necessary. Parents and teachers have become much more knowledgeable on health matters and early action on their part, such as excluding suspect children from school, has undoubtedly prevented the spread of some of the more infectious diseases.

Changes in Routine of Periodic Medical Inspections.

Previous to 1965 it had been the custom to examine school children on 4 occasions during their school life, but last year it was decided to reduce these examinations to 3. The first on entry to school (infants) ; then at 10 years of age (juniors), and finally at 16 years of age (seniors).

This change was made to allow the school doctor more time to devote to the children needing special examinations and also to allow for the tuberculin tests and B.C.G. inoculations which were commenced this year. Despite this reduction in the number of times children were examined during school life, the school doctor did in fact examine more children in 1965 than in any other previous year.

New Equipment.

The old fashioned method of sight testing by asking children to read letters on a chart held some distance away was replaced by a special eye testing machine. This new technique has made vision testing more accurate and has broadened its scope in that it is now possible to test near sight as well as long sight and also such things as colour vision and the muscle balance of the eyes.

B.C.G. Vaccinations.

Late adolescence and early adulthood is one of the periods of life when the body is vulnerable to tuberculosis.

In order to ensure that the school leavers were protected against this disease a programme of B.C.G. vaccination on the 14-year olds was commenced in 1965.

SCHOOL DENTAL SERVICES.

The staff of the School Dental Service consists of 3 full-time dental officers and one part-time dental officer. They work from the School Dental Clinic (100, Halkett Place), but some complicated work is also carried out in the General Hospital.

It is little realised that the school dental officers, besides attending to the dental needs of the school children, are also prepared to carry out dental treatment for children of pre-school age.

The report by the Chief Dental Officer on the work of his Department appears later.

APPRECIATION.

The visit of the school doctor and school nurse causes great disruption of the ordinary school activities and it adds greatly to the work of the school staff. I would like to pay tribute to the excellent co-operation which has been offered to us by the heads and staffs of all schools we have visited. The unfailing cheerfulness and courtesy make school medical examinations a pleasure. I should also like to comment on the intelligent interest and understanding shown by the headmasters and headmistresses in the social and health conditions of their pupils.

MEDICAL INSPECTIONS.

Medical Inspections were carried out in 36 schools during 1965. In all, 2,716 children were examined, which represents approximately 31 % of the school population.

TABLE I.

	SCHOOL MEDICAL INSPECTIONS.				
	1961	1962	1963	1964	1965
Total number of pupils on school register... ...	8,423	8,429	8,564	8,573	8,767
Number of children inspected	2,153	2,493	2,360	2,699	2,716
% of total school children inspected	25.6	29.6	27.6	31.5	30.8
Number of sessions by the School Doctor ...	118	150	173	180	166
Average numbers of inspections per session ...	18	19	13	15	16

2,460 children were examined during routine periodic medical inspections and 256 during special examinations. (Special examinations are those made either at the request of parents and/or teachers, or as a follow up by the School Doctor of defects found by him at previous examinations). The age groups of the children examined at these inspections is shown in Table II.

TABLE II.

NUMBER OF CHILDREN EXAMINED IN AGE GROUPS.

			Boys	Girls	Total
Periodic Medical Examinations :	Infants	(age 5–6)	461	429	890
	Juniors	(age 10)	228	326	554
	Seniors	(age 14)	521	495	1,016
Total examined during periodic inspections			1,210	1,250	2,460
Special Inspections			134	122	256
Total of all School Medical Inspections			1,344	1,372	2,716

DEFECTS FOUND DURING MEDICAL INSPECTIONS.

Out of the 2,716 children who were examined 1,329 were found to be suffering from some defect or other.

Some children showed more than one defect and in all 1,783 defects were found.

The types and number of defects are shown in Table III.

TABLE III.

SUMMARY OF DEFECTS FOUND DURING PERIODIC AND SPECIAL MEDICAL INSPECTIONS.

Defect	Periodic Inspections.				Spceial Inspections
	Infants	Juniors	Seniors	Total	
Skin	27	13	22	62	4
Eyes : Vision	84	69	204	357	38
Squint	56	14	24	94	13
Others	7	3	12	22	—
Ears : Hearing	47	14	6	67	13
Otitis Media	21	5	8	34	2
Others	13	2	4	19	1
Nose and Throat...	171	58	71	300	65
Speech	26	5	9	40	2
Glands	50	18	13	81	11
Heart	16	4	21	41	7
Lungs	26	3	1	30	11
Development : Hernia	10	1	1	12	2
Others	15	6	15	36	6
Orthopaedic : Posture	12	35	80	127	5
Feet	37	25	70	132	5
Others	18	12	24	54	3
Psychological : Development	5	3	1	9	3
Stability ...	11	3	2	16	1
Nervous System : Epilepsy ...	1	—	3	4	1
Others	—	—	1	1	—
Asthma	10	5	15	30	5
Others	3	3	9	15	2
Total Defects	666	301	616	1,583	200

The very great majority of these defects were minor and did not merit either further investigation or active treatment. It was considered sufficient to make a note of them so that they could be kept under observation and assessed again at future examinations.

The more serious and remediable defects were either put under active treatment or were referred to a specialist for further opinion and/or treatment. The great majority of these concerned defects of vision.

Table IV shows the disposal of children found with defects. O indicates that the defect was kept under observation and T shows that the defect was treated or referred for treatment.

TABLE IV.

Defect		Periodic Inspections				Special Inspections
		Infants	Juniors	Seniors	Total	
Skin	T	6	4	8	18	1
	O	21	9	14	44	3
Eyes : Vision	T	48	47	185	280	40
	O	36	22	17	75	18
Squint	T	30	7	20	57	8
	O	26	7	4	37	5
Other	T	4	—	6	10	—
	O	3	3	6	12	—
Ears : Hearing	T	13	8	4	25	9
	O	34	6	2	42	4
Otitis Media	T	—	2	3	5	—
	O	21	3	5	29	2
Other	T	1	—	2	3	—
	O	12	2	2	16	1
Nose and Throat	T	23	4	4	31	11
	O	148	54	67	269	54
Speech	T	11	2	6	19	1
	O	15	3	3	21	1
Glands	T	—	—	—	—	—
	O	50	18	13	81	11
Heart	T	—	—	2	2	—
	O	16	4	19	39	7
Lungs	T	2	1	—	3	2
	O	24	2	1	27	9
Development : Hernia	T	2	—	—	2	—
	O	8	1	1	10	2
Other	T	—	2	7	9	1
	O	15	4	8	27	5
Orthopaedic : Posture	T	—	8	25	33	—
	O	12	27	55	94	5
Feet	T	2	2	24	28	1
	O	35	23	46	104	4
Other	T	1	—	2	3	—
	O	17	12	22	51	3
Psychological : Development	T	—	—	1	1	1
	O	5	3	—	8	2
Stability	T	2	—	1	3	1
	O	9	3	1	13	—
Nervous System : Epilepsy	T	1	—	1	2	1
	O	—	—	2	2	—
Other	T	—	—	—	—	—
	O	—	—	1	1	—
Asthma	T	—	—	1	1	—
	O	10	5	14	29	5
Others	T	—	—	1	1	—
	O	3	3	8	14	2
Total Defects		666	301	616	1,583	200

Comparative Incidence of Defects.

The incidence of the various defects found in the Jersey schoolchildren are very similar to those among children in the schools in England and Wales. This qualifies our opinion that the general standard of health of our school population is good.

A comparison between the incidence of the more common defects found in Jersey and those in the schools in England and Wales is shown in Table V.

TABLE V.

Comparative Incidences of Common Defects—Jersey—England and Wales.

Defect	Incidence per 1,000 Schoolchildren.					
	Jersey				Jersey 4-year average	Engalnd and Wales 1962-63
	1962	1963	1964	1965		
Skin...	30	18	20	23	23	30
Vision	69	122	92	132	104	129
Squint	10	15	21	35	20	19
Otitis Media	9	6	8	13	9	13
Heart	22	23	29	15	22	14
Lungs	41	23	19	11	24	24
Hernia	6	4	2	4	4	3

Eye Defects.

357 children were found to have sub-standard eyesight and 168 of these were referred to the eye specialist for examination and treatment. The incidence of this type of defect showed an apparent increase in 1965, but this was most probably due to the change in the technique of testing used in the schools. The new eye testing instrument, which was used for the first time during the year, enabled us to test more accurately the visual acuity of young children even before they had learnt their letters. The defects in these children by previous methods would have been missed.

31 children were referred to the eye specialist on account of squint.

Ear Defects.

These are becoming less common, particularly chronic otitis media (discharging ears). Only 22 cases needed to be referred to the specialist for treatment.

Speech Defects.

40 children were found with obvious speech defects during medical inspections and 26 of these were in school entrants. 141 children in all were referred to the Speech Therapy Clinic. This Clinic is held at the Public Health Offices, Pier Road. The Speech Therapist also pays visits to schools either to give individual treatment or to assess and advise on borderline cases.

A report on the work of the Speech Therapist appears later.

ASTHMA.

This is an all too common ailment in Jersey and in 1965 11 out of every 1,000 schoolchildren suffered from this complaint. Severely asthmatic children are encouraged to attend special boarding schools in England under arrangements made by the Education Department.

CHILD GUIDANCE CLINIC.

This Clinic is provided by the Consultant Child Psychiatrist and his staff at the General Hospital. It caters for children with a wide variety of psychological conditions such as behaviour problems; educational retardation; delinquency; physical disorders having emotional origins, and others.

In all 69 new cases were seen at this Clinic in 1965.

B.C.G. VACCINATION.

At least 95% of all babies born in Jersey are given a B.C.G. vaccination within a few days of birth. This protects the child against tuberculosis throughout its infancy and school life. The actual length of time which this protection lasts is still uncertain, but in order to make sure that the children of Jersey are protected against tuberculosis for at least the early part of their adult life it was decided to offer a B.C.G. vaccination to all the 14-year old schoolchildren.

B.C.G. vaccination would only be given to those children who showed by a preliminary skin test that they had no resistance to tuberculosis.

All parents were informed by circular of this intention to offer B.C.G. and they were invited to allow their children to participate.

TUBERCULIN TESTS.

Number undertaken :—

School	No. of Invitations sent to Parents	Parent Refusals or forms not returned	Absent at time of testing or reading	Total tests read
Quennevais	70	15	5	50
Girls' College	41	13	2	26
de la Salle	55	26	1	28
F.C.J. Convent	17	—	2	15
St. Helier Girls'...	84	—	17	67
St. Helier Boys'...	139	37	10	92
Victoria College...	39	—	3	36
Hautlieu	66	6	1	59
Rouge Bouillon	59	9	5	45
Helvetia High	7	—	1	6
Beaulieu Convent	40	5	2	33
Totals	617	111	49	457

In all there were 77 refusals which represents a refusal rate of nearly 11%. This is disappointingly high, but it is hoped that in future years, when parents become more fully aware of the importance of this type of vaccination, the refusal rate will be much lower.

RESULTS OF SKIN TESTS :—

(A positive result to the test means that the child has developed a resistance against tuberculosis either from a previous B.C.G. vaccination or from a previous infection with a tubercle germ).

School	Previous B.C.G. Vaccination			No Previous B.C.G. Vaccination			Total
	Positive	Negative	Total	Positive	Negative	Total	
Les Quennevais	29	3	32	2	16	18	50
Girls' College	16	4	20	—	6	6	26
de la Salle	19	1	20	1	7	8	28
F.C.J. Convent	10	—	10	2	3	5	15
St. Helier Girls'	50	3	53	5	9	14	67
St. Helier Boys'	60	—	60	8	24	32	92
Victoria College	24	—	24	2	10	12	36
Hautlieu	37	1	38	—	21	21	59
Rouge Bouillon	27	1	28	1	16	17	45
Helvetia High	5	—	5	—	1	1	6
Beaulieu Convent	23	2	25	2	6	8	33
Total	300	15	315	23	119	142	457
Percentage	95.2	4.8		16.2	83.8		

These figures show that 95.2% of the children who had received a previous B.C.G. vaccination still retain a resistance against tuberculosis although in the great majority of cases that vaccination had been given 14 years previously.

All the children showing negative responses to the skin test (134 in all) were vaccinated with B.C.G.

IMMUNISATION.

As a part of the medical examination the School Doctor enquires into the state of immunity of each child.

Most children are immunised against certain diseases during babyhood and it is the object to continue these immunities throughout school life by a series of booster inoculations.

The schedule is as follows :—

On entry to school...	(*a*) Booster injection of 'Triple Vaccine' to protect against Diphtheria, Tetanus and Whooping Cough. (*b*) Booster oral inoculation to protect against Poliomyelitis.
At 9–10 years of age	(*a*) Booster injection against Diphtheria and Tetanus. (*b*) Booster oral inoculation against Poliomyelitis.
At 14 years of age	(*a*) B.C.G. (when shown to be necessary by a skin test) to protect against Tuberculosis.

Some children enter school without having had the primary course of immunisation during babyhood. In these cases the school nurse, at some inconvenience, carries out these primary inoculations.

The school nurses in 1965 completed the following inoculations and vaccinations :—

Triple Vaccine (against Diphtheria, Tetanus and Whooping Cough)	
Complete primary courses	343
Boosters	786
Poliomyelitis Vaccination (oral)	
Complete primary courses	116
Boosters	237

The total number of inoculations given was 2,458.

In addition to their work at the schools the school nurses carried out 186 home visits to examine, treat or inoculate children who were absent from school at the time of the school nurse's visit.

VERMINOUS HEADS.

Head inspections are carried out by the school nurses every term and in 1965 130 children were found to have lice or nits in their hair.

It is the usual story that the heavy infestations were found in known families, the other infestations being mainly accidental.

A note to the parents of the accidently infested child usually results in speedy action, but to deal with the heavily infested and persistent offenders a school nurse visits the home where she gives a practical demonstration to the mother on the use of an anti-louse shampoo. A quantity of shampoo is left with the mother so that she can carry out further treatments on her children.

In some bad cases exclusion of children from school has been necessary until the infestation has been controlled.

It has been possible by these methods to keep louse infestation in schools under control.

SCHOOL BUILDINGS.

With a few glaring exceptions the standards of the school buildings in Jersey are good—and this despite the fact that many of the schools were built in the last century. Well-planned extensions and adaptations have converted these old buildings into useful school units.

Exceptions, however, exist, especially in the built up parts of St. Helier, where the old school buildings have been overgrown by other buildings with the result that there is now no room for expansion or development.

However, this problem is being met and a comprehensive school rebuilding programme has already been formulated by the Director of Education and has received the approval of the Education Committee.

SCHOOL DENTAL SERVICE.

Report of the Senior School Dental Officer.

All schools have been visited during the year and it would appear that the amount of dental treatment required, as seen at these inspections, has reached a steady level. This has only been achieved, however, because at least half of the patients are returning for inspection at the clinic between the annual school inspections. The most welcome part of this trend is that it is done at either the patient's or parents' request.

No child attending as an emergency is kept in need of treatment longer than necessary—this is reflected in the 50% increase in anæsthetics administered at the clinic.

The approval in principle of the fluoridation of the public water supply receives the whole-hearted support of the School Dental Officers as being the only safe and efficient way of reducing dental decay.

The statistics for the year show a slight fall on last year. This is due to the resignation in November of Mrs. G. A. Rampton, in whose place we shall welcome Miss R. J. Beddow in January.

	1965	1964	1963
Number inspected	5,368	6,108	5,918
Number needing treatment	2,892	3,250	3,333
% needing treatment	53.8	54.1	58.0
Number consenting to treatment	1,986	2,226	2,267
% consenting to treatment	68.9	66.0	68.3
Number of first visits	2,900	2,769	2,966
Total attending	9,210	9,752	9,328
Number of fillings (P)	6,464	6,219	6,936
Number of fillings (T)	910	806	939
Number of teeth filled (P)	4,743	4,637	5,349
Number of teeth filled (T)	1,483	1,333	1,291
Number of teeth extracted (P)	708	714	893
Number of teeth extracted (T)	1,801	1,461	2,026
Number of visits for orthodontic treatment	378	459	519
Anæsthetics administered	647	440	389

I. J. CAMPBELL,
Senior School Dental Officer.

SPEECH THERAPY.

REPORT OF THE SPEECH THERAPIST.

I have the honour to report on the work of the Speech Therapy Clinics for 1965.

In May of this year, it was decided that one session per week should be spent at the Junior Training Centre, leaving seven sessions per week for clinics held at the Public Health Department, which provide a service for school children mostly, and for children of pre-school age.

The Hospital clinics remained at two sessions per week, which included several visits to Sandybrook Hospital where a number of geriatric patients were seen.

	1965	1964	1963
Number of patients treated	141	137	129
Number of attendances	1,070	1,045	786
Number of patients on review	52	41	20
Number of discharges	86	71	57

The following table gives the type of defect and age groups of the children seen at the above clinic :—

TYPE OF DEFECT.	AGE GROUPS.					
	0 — 5		6 — 15		Total	
	M	F	M	F	M	F
Dyslalia (retarded speech development)... ...	9	5	55	23	64	28
Dyslalia 1 (associated with deafness)	1	—	6	4	7	4
Dyslalia 2 (associated with mental defect) ...	1	2	3	2	4	4
Stammer	1	—	2	—	2	—
Cleft Palate...	—	—	2	—	2	—
Cerebral palsy	—	—	2	1	2	1
Dysphasia (disorders of language)	—	—	2	—	2	—
Rhinophonia (disorder of voice)	—	1	2	—	2	1
Total	12	8	86	35	98	43

The above figures show, as in previous years, that the percentage of males (70%) is much higher than that of females (30%). This higher precentage is revealed in all age groups as well as in all types of defect.

HOSPITAL CLINICS.

	1965	1964	1963
Number of patients treated	34	31	14
Number of attendances	258	175	75
Number of patients on review	10	6	6
Number of discharges	16	15	3

The following table gives the type of defect and age groups of the patients seen at the above clinic.

TYPE OF DEFECT.	AGE GROUPS.															
	0—15		16—24		25—34		35—44		45—54		55—64		65+		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Stammer	—	—	1	2	—	—	1	—	1	—	—	—	—	—	3	2
Cerebral palsy	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1
Laryngectomy	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Dysphonia	—	1	1	2	—	—	2	1	2	5	—	2	—	—	5	11
Dysarthria	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1	2
Dysphasia	—	—	—	—	—	—	—	—	2	1	2	—	—	1	4	2
Dyslalia	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Total	1	1	2	5	—	2	5	1	6	6	2	2	—	1	16	18

Several patients made use of the Ambulance Service to attend the Clinic weekly, without which they would have been unable to attend.

Although the co-operation between general practitioners, school teachers and speech therapist is good, I feel that many children who need treatment are still not being referred as early as they should be, thereby resulting in prolonged treatment and the loss of a greater number of school hours.

In conclusion, I wish to express my thanks to the principals and teaching staff of all the schools for their kind assistance and co-operation.

ANNE E. LOWRY,
Speech Therapist.

REPORT OF THE CHIEF SANITARY INSPECTOR—1965.

I have the honour to submit the Annual Report on the work of the Sanitary Inspectors' Department for the year ended 31st December, 1965.

The routine work and the multifarious duties that fall to the lot of the Department kept us fully extended during the year. However, and as a direct result of the appointment of Mr. R. Robbins as an additional Sanitary Inspector, we were able to make a more positive approach to food hygiene. The results obtained thus far have been most encouraging, despite the lack of specific legislation.

Our thanks are due to the Establishment Committee for making Mr. Robbins' appointment possible.

Building Control.

Building applications showed a slight decrease over those of 1964. During the year, the number received at the Planning Office was 2,535 as opposed to 2,628 in the previous year. After elimination of non-contentious applications and those which it was anticipated at Officer level that the Island Development Committee would be unlikely to approve, 1,712 plans were dealt with by the Sanitary Inspectors' Department. It is interesting to record that 733 dwelling units were constructed during the year.

Housing.

During the year, the Public Health Committee reviewed the procedure adopted hitherto in connection with the imposition of Closing Orders on dwellings found to be unfit for human habiation. This resulted in the appointment of a Sub-Committee, whose terms of reference are to receive reports on such dwellings from the Medical Officer of Health or Chief Sanitary Inspector, to inspect the premises, and subsequently to invite the owner to attend a meeting of the Sub-Committee in order to submit any representations and objections he might wish to make.

This procedure was not fully implemented during 1965, but later experience has proved its virtues, and has enhanced the good relations that we like to think are enjoyed between the Department and the general public.

The inclement weather at the end of the year brought home forcibly the high degree of dampness, particularly condensation, prevalent in some Jersey homes. This is brought about in part by relatively high humidity and the lack of efficient heating and air movement. Some difficulty is experienced in encouraging house occupiers to maintain, at some cost, a dry warm internal atmosphere, and, at the same time, to make judicious use of opening windows to ensure adequate ventilation.

Largely as a result of complaints received from the tenants, the following properties which were considered unfit for human habitation were closed by order of the Public Health Committee :

Number of houses condemned.	Position.	Date of Report.	Result of action taken.
1	No. 6 Cottage, back of 10, Seaton Place, St. Helier...	22.2.65	Vacated
1	12, Green Street, St. Helier...	22.2.65	Vacated and re-occupied by owner with consent of the Public Health Committee
1	3, The Glen, St. Saviour	22.2.65	Still occupied
1	St. Albans, Portelet Bay, St. Brelade	10.5.65	Vacated
5	5 cottages at 15, Le Geyt Street, St. Helier	14.6.65	3 cottages vacated
1	Caravan, The Retreat, La Moye, St. Brelade	15.11.65	Vacated
1	7, Gloucester Mansions, Gloucester Street, St. Helier	15.11.65	Still occupied
1	No. 9 cottage, rear of 12, Kensington Place, St. Helier	20.12.65	Vacated
1	No. 4 cottage, rear of 10, Kensington Place, St. Helier	20.12.65	Vacated

WATER SUPPLY.

Routine sampling of water supplies continued during the year, the results indicating very little change in the general pattern over previous years. The use of new inert materials for cold water plumbing and roof storage tanks is of considerable value in overcoming the potentially dangerous effect of aggresive waters on conventional plumbing materials.

Samples taken for :—	SATISFACTORY	UNSATISFACTORY	TOTAL
Chemical analysis	134	73	207
Bacteriological examination	151	62	213

SOURCES SAMPLED	No.	Satisfactory	Unsatisfactory	Improved	Condemned
Wells	125	80	45	9	3
Springs	9	4	5	1	—
Streams...	9	4	5	—	—
Rainwater storage	17	8	9	5	—
Bore Tubes	43	38	5	1	—
Treated supplies	10	10	—	—	—

Number of samples which contained excessive lead...	4	
Number of samples which contained excessive iron...	6	
Number of samples which contained excessive copper	2	
Number of samples which contained excessive zinc...	9	
Number of wells which contained oil...	1	
Number of rain-water samples tested for paraffin	2	(None detected)

CLEAN FOOD.

The appointment of an additional sanitary inspector, who commenced duties in March, has enabled more time to be spent in the field of food hygiene. Our first aim was to establish good (public) relations with the food industry, and to this end we sought to enlist the support of the various food trade organisations.

Early in the year we were pleased to receive a request from the Hotel and Guest House Association to provide an article, on the principles of food hygiene, for inclusion in the March issue of their magazine. This gave an insight of our aims and aspirations to a large number of individuals engaged in food preparation. This was followed in July by the publication of a leaflet on the causes of food poisoning and explaining how, by taking simple precautions, the risk could be minimised. This leaflet was circularised to all hotels and guest houses through the good offices of the Tourism Department.

Later in the year, a meeting was held with the Committee of the Master Butchers' Association to discuss hygiene in the meat trade. Many interesting points were raised. As a result of this meeting, we were assured that we would have the full support of the Association in our efforts to improve the standard of hygiene in the meat trade.

With regard to new food premises and extensions to existing premises, we sent a circular to all the Island's architects, setting out our recommendations for such premises. This has resulted in many architects seeking our advice before drawing up plans, and has thus saved time-wasting alterations which would otherwise have been necessary.

The hotels and guest houses are already inspected and graded by the Tourism Committee, but their officers are not qualified to report upon matters appertaining to food hygiene. Following discussions with the Tourism Department, it was agreed that both Departments should co-operate to achieve a high standard of hygiene in the hotels and guest houses. To this end, each premise will be inspected by a sanitary inspector, and a copy of his report will be forwarded to the Tourism Department for information. The enforcement of any improvements necessary at any of the premises will remain the responsibility of the Public Health Department, but account of any recommendations may be taken by the Tourism Department when renewing the license for the premises concerned.

We were pleased, at the request of the management of one of the large bakeries, to compile a booklet on hygiene for distribution to their staff. This is an example of the increased interest in food hygiene which has been shown during the year, and is undoubtedly the result of the publicity given to the subject by this Department.

During the early part of the tourist season, most of the Island's restaurants, cafés and beach cafés were inspected. The reports showed that only about 25% of the establishments were in all respects satisfactory, but in a further 60% only relatively minor improvements were necessary; 15% of the premises were unsatisfactory and necessitated major improvements. Whilst most of the proprietors were co-operative, these figures emphasize the need for the early introduction of a legal standard for food premises.

Late in the season, a start was made on the inspection of the 850 hotels and guest houses, but so far insufficient information is available to assess in general terms the conditions prevailing. We hope in the coming year to concentrate on these premises, and should be able to give a fairly accurate overall picture by the end of the year.

INSPECTIONS.

Restaurants, cafés and beach cafés	131
Mobile shops	10
Bakehouses	8
Other food premises	493

UNSOUND FOOD.

During the year twelve complaints were received which alleged that food which had been sold by retail sale was unfit for human consumption. On the whole, these complaints related to made-up meat products, which were manufactured outside the Island.

The transportation, storage and distribution arrangements of the companies concerned were thoroughly investigated. The main cause of the complaints was found to be a combination of delays in the transportation and bad stock rotation on the part of the importers and retailers.

With the aid of excellent co-operation on the part of the manufacturers, the risk of delays in transportation has been minimised, and advice given to wholesalers and retailers on the storage, stock rotation and the retail sale of these perishable products. It is hoped that complaints of this nature will be much reduced in the future.

During the year condemnation certificates were issued in respect of the following foods judged to be unfit for human consumption :—

Meat and Meat Products	17,574 lbs.
Fruit and Vegetables	7,038 lbs.
Fish	498 lbs.
Cheese	3,758 lbs.
Miscellaneous	5,928 lbs.

PRODUCTION OF CLEAN MILK.

PHOSPHATE TEST. (Efficiency of Pasteurisation).

One hundred and eighty-three samples were taken at all stages from dairy to consumer. One sample only failed the test and, after investigation, further samples were taken and were satisfactory.

FOOD AND DRUGS SAMPLES

Nature of sample	No. of samples taken	Genuine	Remarks
Milk	183	182	One sample was below standard. Follow up samples were satisfactory.
Cream	8	8	
Preserved fruit	5	5	
Jelly	5	5	
Flavouring syrup	3	3	
Hamburgers	1	1	
Custard powder	1	1	
Canned meat	1	1	
Suet	1	1	
Cake mix	1	1	
Instant whip	1	1	
Fruit drink	2	2	
Fish paste	3	3	
Olive oil	1	1	
Vinegar	1	1	
Lemon juice	1	1	
Apple sauce	1	1	
Praires (bottled)	2	2	

RADIATION HAZARD TEST.

Sixteen pints of milk were examined for Strontium 90 content and the figures were below danger level.

SEWERING AND DRAINAGE.

The Sewerage Board programme of proposed sewering priorities, which incorporated the recommendations of the Public Health and Island Development Committees, was considered by the States early in the year. As a result, the proposed priorities were amended, with a bias towards Public Health recommendations, to allow for an earlier start on the sewer to Gorey than had been envisaged. It is gratifying to know that our original request for a sewer extension to serve existing built-up areas in the east of the Island is soon to be honoured.

This amended order of priority, unfortunately, re-acts temporarily to the detriment of the Island Development Committee's village development policy. However, bearing in mind that the whole programme of works should be designed within a period of five years, it is to be hoped that the Island Development Committee will not long be denied.

With the advent of the visitor season, the drainage nuisance on the beach at Rozel again bacame apparent. It was perhaps fortunate that this occurred early in the season, and facilitated colour testing which had proved negative during the previous year. In the event, the source of the trouble was traced quite readily, and the Public Health Committee agreed, as a temporary measure to overcome an immediate and serious nuisance, that the drainage effluent from one particular property should be piped to a point beyond low water level.

The necessary work was undertaken by the Sewerage Board, at the expense of the owner of the property, at the next available low tide. I must express appreciation of the manner in which this work was effected, particularly bearing in mind the limited time available, and the inclement weather prevailing at that time.

Although the nuisance has been abated, the means must be considered of a temporary nature. There is no doubt that popular coastal areas such as Rozel, Grève de Lecq and Corbière must ultimately be sewered.

Disinfections ane Disinfestations.

This important and frequently unpleasant work falls to the lot of Mr. C. Hamon, who has been with the Department for over 27 years, initially in the capacity of cesspool emptier driver. He is responsible for operating the steam disinfector temporarily housed at Overdale, the disinfection of premises following infectious disease, the disinfestation of verminous premises and drain testing.

The temporary siting of the steam disinfector at Overdale is somewhat unsatisfactory by reason of inadequate steam pressure during normal working hours, and this necessitates evening work when there is less demand on the steam generating plant. During the year an alternative site for the steam disinfector was agreed at St. Saviour's Hospital, and it will be to the mutual benefit of all parties when the transfer takes place.

It may be appropriate to mention that we have no public cleansing station in Jersey and, in consequence, lack facilities for the treatment of verminous persons. These could well be provided in conjunction with public baths for which there is also an undoubted need, particularly bearing in mind the number of seasonal workers accommodated annually in the Island.

The number of drain tests shows an increase over 1964. Single stack internal waste plumbing is now the rule rather than the exception, and particular attention has to be paid to installations of this type.

The following table gives details of work undertaken during the year :

Number of rooms disinfected for infectious disease	55
Number of mattresses disinfected	148
Number of bundles of bedding and clothing disinfected	255
Number of rooms disinfested	446
Number of books disinfected	90
Drain tests	1,348

Pest Destruction.

The nature of the work involved in this section of the Department frequently calls for night work, particularly in the treatment of cockroach infestations. We are fortunate that in Mr. H. des Vaux we have a willing and conscientious operative.

During the year, 240 new complaints of rat infestations were investigated and treated. Together with jobs current at the beginning of the year, these necessitated 2,103 visits to effect final clearance of the infestations. In addition, 44 treatments were carried out following complaints of cockroach and fly infestations.

These figures are of similar order to those of previous years, and indicate that we have a tenacious and formidable opponent in the rat. Constant vigilance and a concentrated effort is required to keep its numbers down to reasonable proportions.

It may be of interest to record that, during 1965, we used 30 cwt. of medium oatmeal, 200 lbs. of a proprietary poison and 3 cwt. of sugar at a total cost of £130. Bearing in mind the visible kills obtained, and the quantities of bait taken, it is estimated that the total of rats destroyed approached 10,000. When one considers the operative's wages in addition to cost of materials, the cost of rat destruction per head may be considered a little high. Against this, if one takes into account their prolific breeding potential (one female rat will wean on an average 25 young in a year), the question of cost must be considered in a different light.

Three vessels with expired De-Ratting Exemption Certificates were examined, found free of evidence of rats, and issued with new Exemption Certificates in accordance with Article 12 of the International Sanitary Regulations.

I would wish to place on record my appreciation of the manner in which the Department has worked as a team during the year, the ready co-operation we receive from other States' Departments, and not least to Dr. Williams and the Public Health Committee for their encouragement.

R. F. KNOWLES,
Chief Sanitary Inspector.

CARE OF THE AGED AND INFIRM.

Report of the Social Welfare Officer.

1965 saw a steady expansion of the geriatric care services in Jersey. New homes, all in pleasant residential areas, were opened and others were planned for the future.

It was possible during the year to move some of our old persons from the sub-standard dwellings in which they were living into modern single bed-sitting room flats, which have been provided in our new housing estates. This move to better accommodation and comfort was much appreciated and it seemed to give the old persons a new lease of life. I would like to thank the staff of the Housing Department who, at all times, have shown themselves willing to do all they can to help us in our housing problems.

A much appreciated chiropody service, whereby a chiropodist visits Old Person's Homes, has been operating for the past 2 years. In 1965 a hairdressing service was commenced, which allows every boarder at an Old Person's Home to receive a " hair-do " from a visiting hairdresser once every month at low cost.

The matrons in charge of the privately run Old Person's Home without exception work long and arduous hours with few off-duty periods. It is a 7-day week job and the only time spent away from the Home is on shopping expeditions. Recently some Youth Club members have volunteered to " stand in " on Sunday afternoons and serve and prepare tea, which enables the hard working Matrons to have an afternoon off.

The growing problem in 1965 was finding suitable accommodation for those elderly persons living on small fixed incomes or pensions, who could manage fairly well for themselves in a single room with just a little care. They are usually able to pay about £8—£9 per week, but this sum is insufficient to allow them to have accommodation in Nursing Homes. The need for accommodation for this type of person will increase in the future and is deserving of early attention. Serious consideration should be given now to providing a new Old Person's Home along the lines of St. Helier House, but offering more varied (single and double) types of accommodation.

Finally, although progress in the care and housing of old persons is progressing in the right direction we have no reason to feel complacent with the present position. Many hard years lie ahead and much money will be needed.

The number of persons boarded out during 1965 is as follows :—

	Male	Female	Total
Number of persons boarded out 1/1/65	14	39	53
Number of persons added during year	10	45	55
Number of persons removed or died during year...	9	19	28
Number of persons boarded out 31/12/65	15	65	80

Home Helps Society.

For many years this Society has provided domestic help for old persons, which has enabled many of them to remain happy and secure in their own homes. In 1965 the cost to the States of this very important service was only £1,000, but it will be necessary to double this amount of subsidy in future years.

The Society now employs 42 home helps (as against 24 in 1964), who work in homes throughout the Island. Further statistics are :—

Number of old persons helped during the year		126
Distribution of Home Helps :—		
St. Helier	57	
St. Saviour	7	
St. Clement	9	
Grouville	3	
St. Martin	4	
Trinity	3	
St. John	1	
St. Brelade	4	
St. Lawrence	3	
Total hours worked		15,017

Meals on Wheels.

Old persons, especially those living alone, are liable to neglect themselves and to suffer from malnutrition. The Meals on Wheels Service, by supplying a hot meal to old persons in their own homes, does much to combat this danger. At the same time the regular visits enable a close eye to be kept on the living conditions of these old people.

This excellent and valuable service is self-supporting and receives no subsidy from the States.

In 1965, 4,653 meals were delivered in 9 parishes throughout the Island.

In conclusion, I would like to express my personal thanks to the organisers and workers in both these services for the co-operation and help they have offered me throughout the year.

I also wish to record my appreciation to the Constables of the Parishes of Jersey who have always shown concern for the interests of their old persons and who have at all times given me every assistance in my work.

M. GRAY,
Social Welfare Officer.

DISTRICT NURSING AND CHILD WELFARE.

These services are provided by the Jersey District Nursing Association, through its 9 Branch Associations, and the Family Welfare Centre. The Association in 1965 received an annual subsidy from the States of Jersey of £20,500—a small enough sum to pay for the excellent and essential services afforded to the Island.

The work of the District Nurses, Midwives and Health Visitors is co-ordinated and supervised by the Superintendent Nursing Officer, Miss Joan Flex, and it is from her reports that the following material is taken.

District Nursing and Midwifery.

There are 14 District Nurses in Jersey, who provide nursing care to patients in their own homes throughout the Island. 75% of the visits made by the District Nurses are to elderly persons.

The District Nurse also acts as the school nurse for the schools in her area. By so doing she is able to advise the school doctor during his school medical inspection on any particular home circumstances which might have a bearing on the mental, social or physical health of the school child.

The Nurses carry out all immunisations (with the exception of B.C.G.) in the schools.

They also examine children for verminous heads and undertake the necessary treatments. Further details of the work of the school nurses will be found in the section of this Report dealing with the School Health Services.

Visits re :	New Cases	730
	General Nursing	24,315
	Tuberculosis	253
	Schools and homes as school nurses	892

Ten out of the 14 District Nurses are also Midwives who undertake domestic midwifery duties in their areas, including ante-natal and post-natal attendances on the mother as well as the deliveries of the babies. In 1965 only 22 babies were born at home, but even with this decline in number the District Midwives still maintain a high and up-to-date standard in their techniques. The following figures give an idea of the case load carried by the Midwives.

Number of domiciliary confinements	22
Number at which doctor was present	9
Institutional cases transferred home and attended by nurses	9
Ante-natal and nursing visits	758

Health Visiting.

Health Visitors work under the auspices of the Jersey Family Welfare Centre, which is a branch of the Jersey District Nursing Association.

It was hoped, as an initial target, to employ 6 Health Visitors, but difficulties in recruitment made this impossible throughout 1965. The service remained sadly under-staffed and the statistics regarding the work done by the Health Visitors speak highly for their diligence and industry.

The work of the Health Visitors is concentrated on visits and advice to new mothers on baby care ; working with problem families ; visiting and advising the elderly who may be ailing or needy, and attendance at Child Welfare Clinics. They also help the Medical Officer of Health by tracing contacts of tuberculosis and other infectious diseases.

VISITS PAID BY HEALTH VISITORS.

	1964	1965
New babies	1,233	1,232
Other visits	13,438	6,692
Totals	14,671	7,924

CHILD WELFARE CLINICS.

13 Child Welfare Clinics, some weekly others fortnightly, are held in various halls throughout the Island. In all 38 sessions are held each month at which over 86% of the babies born in Jersey attend.

These Clinics are conducted by a Health Visitor assisted by voluntary helpers, a doctor is also in attendance.

Place	Number of Sessions	New Births	Total Attendances	Examined by Doctor	Vaccinations & Immunisations given *
Maternity Hospital (3 clinics)	152	471	6,211	1,969	2,892
Greve d'Azette	52	100	1,713	355	728
Grouville	24	41	538	121	321
St. Ouen	26	30	363	80	264
St. Simon	48	118	1,944	446	1,068
Trinity	25	37	419	152	239
Les Quennevais	50	80	1,096	276	538
St. Peter	26	45	355	89	218
St. John	23	40	413	155	264
Millbrook	24	65	883	349	637
St. Martin	26	33	482	178	275
Total	476	1,060	14,417	4,170	7,444

* (Smallpox vaccination
(Trivax against Diphtheria, Tetanus and Whooping Cough
(Polio (oral) vaccination
(B.C.G.

CREMATORIUM.

Report of the Crematorium Superintendent.

(1) *Cremations.*

The total number of cremations carried out was 196, an increase of 23 on last year.

Of these 62 were Jersey born, 11 were visitors, 3 were children and 120 had resided in Jersey for several years.

(2) *Disposition of the Ashes.*

Scattered in the Garden of Remembrance	119
Taken away by representative for burial in family graves, or scattered in other parts of the Island	54
Taken away by representative for burial at sea	4
Taken away by representative for burial on the mainland	19

(3) *Book of Remembrance.*

Entries in Book of Remembrance for 1965	96

The Cremators.

The installation of the second Cremator was carried out and completed in April, and has been put into operation.

The inspection of the first Cremator has been carried out by an expert, who declared everything in order and well maintained.

Roof of Chapel.

During the gales part of the roof nearest the chimney was blown off, this being caused through the wind hitting the chimney and rebounding onto this part of the roof. Several methods to secure the roof were tried to no effect, but tiles have now been drilled and screwed into position hoping this will solve the problem.

Memorial Services.

Two services were held during the year—the first on Easter Sunday and the second on the Sunday preceding Chritmas. Rev. F. A. Turner, Rector of St. Lawrence Parish Church, conducted both services and the organ was played by Mr. Gordon Le Breton, Constable of St. Saviour.

The attendance for both services was 270.

The following table shows the number of cremations and the percentage cremated since the Crematorium was opened in December, 1961.

Year	No. of Cremations	Percentage of Total Deaths
1961	11	1.3
1962	143	20.0
1963	175	20.6
1964	173	22.8
1965	196	24.4

T. C. HAMON,
Superintendent.

AMBULANCE SERVICE.

The report for the year 1965, with the comparative figures for 1964, is as follows :—

	1964	1965
Patients conveyed	8,733	9,275
Mileage	56,998	55,940
Journeys	9,438	10,061

Classification of Cases.

	1964	1965
General	3,150	3,618
X-ray	337	355
Accident	1,044	1,115
Maternity	119	118
Special Treatment	3,684	3,648
Fever	38	8
Mortuary	110	157
Air	234	246
Sea	17	10

Classification of Accidents.

	1964	1965
Involving motor cycles and motor scooters	83	82
Involving cars	186	180
In the home or at work	150	184
In the street or on the beaches	153	201
Collapses	283	296
Minor injury	145	138
Pedal cycles	44	34

August was the month with the highest number of accident patients treated (160) compared with 174 in August, 1964.

	1964	1965
Night calls (between 10 p.m.—7 a.m.)	494	553
Emergency calls	601	707
Conveyance of visitors	231	256

In addition to the above figures, 1,043 journeys were made by members of the Voluntary Hospital Car Service in transporting patients to hospital and returning them home after treatment—437 less than the previous year.

Transport was arranged with Ambulance Services in England on 23 occasions as compared with 17 in 1964.

35 escorts were provided from the St. John Ambulance Brigade (Male and Nursing Divisions) 1 less than the previous year.

	1964	1965
Petrol consumed	3,021 galls,	3,436 galls.
Oil consumed	34 galls.	37 galls.

H. R. S. POCOCK,
County Commissioner,
St. John Ambulance Brigade.

E. BURBIDGE,
Transport and Liaison Officer.